

Candidate Intention Statement

RECEIVED

CALIFORNIA FORM 501

AUG 17 2022 CITY CLERK CITY OF PIEDMONT

For Official Use Only

Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) THOMASSON, LINDSAY M DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED] EMAIL (optional) [REDACTED] STREET ADDRESS [REDACTED] CITY Piedmont STATE CA ZIP CODE 94611 OFFICE SOUGHT (POSITION TITLE) PUSD School Board AGENCY NAME PUSD DISTRICT NUMBER, if applicable. [REDACTED] NON-PARTISAN OFFICE OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: Piedmont (Name of Multi-County Jurisdiction) PARTY PREFERENCE: PRIMARY / GENERAL SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on ___/___/___ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On, ___/___/___ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on August 17 2022 (month, day, year)

Signature [REDACTED]