

Candidate Intention Statement

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| Date Stamp | CALIFORNIA FORM 501 |
| | For Official Use Only |

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

| | | | |
|--|--|--|--|
| NAME OF CANDIDATE (Last, First Middle Initial) Sippel, Philip J. | DAYTIME TELEPHONE NUMBER [REDACTED] | FAX NUMBER (optional) () n/a | EMAIL (optional) |
| STREET ADDRESS [REDACTED] | CITY Hanford, CA | STATE | ZIP CODE 93230 |
| OFFICE SOUGHT (POSITION TITLE) Board Member | AGENCY NAME Pioneer Elem. Sch. Dist. | DISTRICT NUMBER, if applicable. Area 5 | <input checked="" type="checkbox"/> NON-PARTISAN OFFICE |
| OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction) | | 2022 (Year of Election) | PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 8-8-22
(month, day, year)

Signature [REDACTED]
(Candidate)