

Candidate Intention Statement

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

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) _____ DAYTIME TELEPHONE NUMBER () () _____ FAX NUMBER (optional) _____ EMAIL (optional) _____
STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OFFICE SOUGHT (POSITION TITLE) _____ AGENCY NAME _____ DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE

OFFICE JURISDICTION
 State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (Year of Election) _____
PARTY PREFERENCE: (Check one box, if applicable.)
 PRIMARY / GENERAL SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

(CalIFERS 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 ____ (month, day, year) _____ Signature _____ (Candidate)