

## Candidate Intention Statement

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

Date Stamp	RECEIVED	CALIFORNIA FORM 501
JUL 27 2022		For Official Use Only
CITY OF ARCATA CITY MANAGER'S OFFICE		

### 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Sterling, Jeffrey S

STREET ADDRESS

[REDACTED]

DAYTIME TELEPHONE NUMBER

CITY

Arcata

FAX NUMBER (optional)

( )

EMAIL (optional)

STATE

CA

ZIP CODE

95521

OFFICE SOUGHT (POSITION TITLE)

Arcata City Council

AGENCY NAME

DISTRICT NUMBER, if applicable

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

City  County  Multi-County:

(Name of Multi-County Jurisdiction)

(Check one box, if applicable.)

PRIMARY / GENERAL

SPECIAL / RUNOFF

2022  
(Year of Election)

### 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 that the information contained on this form is true and correct.

Executed on July, 27 2022  
(month, day, year)

Signature

