

Candidate Intention Statement

Date Stamp

CALIFORNIA
FORM

501

Check One: Initial Amendment (Explain) _____

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

White Kimberly A

STREET ADDRESS

[REDACTED]

DAYTIME TELEPHONE NUMBER

[REDACTED]

FAX NUMBER (optional)

()

CITY

STATE

ZIP CODE

EMAIL (optional)

KimberleyforArcata@gmail.com

OFFICE SOUGHT (POSITION TITLE)

City Council Member

AGENCY NAME

City of Arcata

DISTRICT NUMBER, if applicable.

 NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

OFFICE JURISDICTION

 State (Complete Part 2.) City County Multi-County: _____

(Name of Multi-County Jurisdiction)

2022

 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 7/2/22 (month, day, year)

Signature

[REDACTED]

(Candidate)