

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501 For Official Use Only AUG 12 2022 CITY OF ARCATA CITY MANAGER'S OFFICE

Check One: Initial Amendment (Explain) _____

KRIKSTON,
RAELINA M.

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) _____ DAYTIME TELEPHONE NUMBER (707) _____ FAX NUMBER (optional) () _____ EMAIL (optional) _____

STREET ADDRESS _____ CITY _____ STATE CA _____ ZIP CODE 95521 _____

OFFICE SOUGHT (POSITION TITLE) ARCATÁ CITY COUNSEL MEMBER AGENCY NAME _____ DISTRICT NUMBER, if applicable N/A NON-PARTISAN OFFICE

OFFICE JURISDICTION _____ PARTY PREFERENCE: _____

State (Complete Part 2) City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____

(Check one box, if applicable.) PRIMARY / GENERAL SPECIAL / RUNOFF

(Year of Election) 2022

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 07-18-2022
(month, day, year)

Signature _____