

Candidate Intention Statement

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CALIFORNIA
FORM

501

For Official Use Only

Check One: Initial Amendment (Explain) _____

JUL 27 2022

CITY OF ARCATA
CITY MANAGER'S OFFICE

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

[REDACTED]

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)

PARTY PREFERENCE:
(Check one box, if applicable.)

PRIMARY / GENERAL

2022

(Year of Election)

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 information contained on this form is true and correct.

Executed on 7.27.2022
(month, day, year)

Signature

(Candidate)