

Candidate Intention Statement

RECEIVED <small>Date Stamp</small> JUL 27 2022 CITY OF ARCATA CITY MANAGER'S OFFICE	CALIFORNIA FORM 501 For Official Use Only
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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) Arcata City Council AGENCY NAME City of Arcata DISTRICT NUMBER, if applicable _____ NON-PARTISAN OFFICE

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

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

2022
(Year of Election) 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 information provided is true and correct.

Executed on 7.27.2022
(month, day, year)

Signature _____
(Candidate)