

# Candidate Intention Statement

Date Stamp	RECEIVED	CALIFORNIA FORM	501
JUL 18 2022			
CITY OF ARCATA CITY MANAGER'S OFFICE			
For Official Use Only			

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

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Meredith D. Matthews

STREET ADDRESS

[REDACTED]

DAYTIME TELEPHONE NUMBER

(707) [REDACTED]

CITY

Arcata

FAX NUMBER (optional)

( ) [REDACTED]

STATE

CA 95521

EMAIL (optional)

OFFICE SOUGHT (POSITION TITLE)

City Council

AGENCY NAME

City of Arcata

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

City  County  Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

SPECIAL / RUNOFF

(Check one box, if applicable.)

PRIMARY / GENERAL

## 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 7.18.22  
(month, day, year)

Sign: [REDACTED]