

Candidate Intention Statement

Check One: Initial

Amendment (Explain) _____

Date Stamp RECEIVED	CALIFORNIA FORM 501
APR 25 2024	For Official Use Only
CITY OF ARCATA CITY MANAGER'S OFFICE	

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Stacy Atkins-Salazar

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)

2024
(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 4/25/2024 and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On, 4/25/2024 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

4/25/2024
(month, day, year)

Signature

Stacy Salazar
(Candidate)