

**Candidate Intention Statement**

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CALIFORNIA FORM **501**

For Official Use Only

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 \_\_\_\_\_  
 CITY COUNCIL  
 OFFICE SOUGHT (POSITION TITLE) \_\_\_\_\_ AGENCY NAME \_\_\_\_\_ DISTRICT NUMBER, if applicable, 1  NON-PARTISAN OFFICE  
 PARTY PREFERENCE:  
 OFFICE JURISDICTION (Check one box, if applicable.)  
 State (Complete Part 2.)  PRIMARY / GENERAL  
 City  County  Multi-County: CITY OF CORONA (Name of Multi-County Jurisdiction) 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 provided is true and correct.

Executed on 8-11-2022  
(month, day, year)

Signature \_\_\_\_\_  
(Candidate)