

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

McCarron, Brady A.

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

DAYTIME TELEPHONE NUMBER _____

FAX NUMBER (optional) _____

E-MAIL (optional) _____

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

City Councilmember

City of Perris

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County: _____

(Name of Multi-County Jurisdiction)

DISTRICT NUMBER, if applicable.

N/A

NON-PARTISAN

PARTY: _____

2018

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CALPERS and CALSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Year of Election) **Primary/general election**

(Year of Election) **Special/runoff election**

(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 foregoing is true and correct.

Executed on August 9, 2018
(month, day, year)

Signature

[Redacted Signature]

CALIFORNIA FORM 501

For Official Use Only

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Date Stamp

AUG 09 2018

CITY CLERK'S OFFICE
CITY OF PERRIS

[Signature]