

Candidate Intention Statement

Check One: Initial Amendment (Explain) Amend with New Address

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 CITY CLERK'S OFFICE
 CITY OF PERRIS

CALIFORNIA FORM 501
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1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Rabb, David Starr DAYTIME TELEPHONE NUMBER () () FAX NUMBER (optional) () () E-MAIL (optional) () ()

STREET ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

OFFICE SOUGHT (POSITION TITLE) [REDACTED] AGENCY NAME City of Perris DISTRICT NUMBER, if applicable. [REDACTED] NON-PARTISAN PARTY: [REDACTED]

City Councilmember OFFICE JURISDICTION N/A

State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ 2018 (Year of Election)

2. State Candidate Expenditure Limit Statement:

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

Primary/general election (Year of Election) Special/runoff election (Year of 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.
- 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 03/26/2018 (Month, day, year)

Signature [REDACTED] (Candidate)