

Candidate Intention Statement

CALIFORNIA FORM 501

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CITY CLERK'S OFFICE
CITY OF PERRIS

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Rabb, David Starr

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E-MAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

City Councilmember

City of Perris

DISTRICT NUMBER, if applicable.

N/A

NON-PARTISAN

PARTY:

State (Complete Part 2.)

City County Multi-County:

(Name of Multi-County Jurisdiction)

2018

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CaIPERS and CaISTRS 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.

(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

03/20/2018
(month, day, year)

Signature