

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

CALIFORNIA FORM 501

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Date Stamp RECEIVED

JUL 30 2018

CITY CLERK'S OFFICE
CITY OF PERRIS

NAME OF CANDIDATE (Last, First, Middle Initial)

Mayra Rodriguez

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E-MAIL (optional)

STREET ADDRESS

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

City Clerk City of Perris

DISTRICT NUMBER, if applicable

NON-PARTISAN PARTY: Democrat

State (Complete Part 2.)

City County Multi-County:

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.)

2018 (Year of Election) Primary/general 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 7/29/18 (month day year)

Signature