Candidate Intention Statement	Date Stamp CALIFORNIA FORM 501
Check One: Amendment (Explain)	For Official Use Only
	JUL 27 2022
1. Candidate Information:	CITY CLERIC
NAME OF CANDIDATE (Loss Eirst Middle Initial) ALL DAYTIME TELEPHONE NUMBE	R FAX NUMBER (optional) () STATE
LA THOROT	CA 95330
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME OFFICE SOUGHT (POSITION TITLE)	DISTRICT NUMBER, if applicable. PARTY PREFERENCE:
OFFICE JURISDICTION State (Complete Part 2.)	(Check one box, if applicable.) PRIMARY / GENERAL
City County Multi-County: (Name of Multi-County Jurisdiction)	(Year of Election) SPECIAL / RUNOFF
(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 is ceiling for the general or special run-off election.	neld on// and I accept the voluntary expenditure
(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 C Executed on (mbnth, day, year) Signature	. EDDC Form F01 / August / 2015
	FPPC Form 501 (August/2018 FPPC Advice: advice@fppc.ca.gov (866/275-3772 www.fppc.ca.go