

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
	For Official Use Only

Check One: Initial Amendment (Explain) N/A
N/A

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Mendoza, Stacy Renee	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) () N/A	EMAIL (optional) N/A
STREET ADDRESS	CITY Imperial	STATE CA	ZIP CODE 92251
OFFICE POSITION (POSITION TITLE) City Council	AGENCY NAME City of Imperial	DISTRICT NUMBER, if applicable N/A	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: N/A
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: <u>N/A</u>	(Name of Multi-County Jurisdiction)	2022 (Year of Election)	<input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

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

(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 8/12/22
(month, day, year)

Signature Stacy Mendoza
(Candidate)