Candidate Intention Statement

Check One: □ Initial □ Amendment (Explain) □ Amendment (Explain) [left out a word]

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Clarizio Robert C
STREET ADDRESS
DAYTIME TELEPHONE NUMBER
OFFICE SOUGHT (POSITION TITLE) Mayor
AGENCY NAME
OFFICE JURISDICATION [ ] State (Complete Part 2.) [ ] City [ ] County [ ] Multi-County: (Name of Multi-County Jurisdiction)
OFFICE NAME
OFFICE JURISDICTION

DATE STAMP
CALIFORNIA FORM 501
For Official Use Only

2. State Candidate Expenditure Limit Statement:
(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

☐ 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.

☐ 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 ______/____/____ (month, day, year) [signature] [Signature] (Candidate)