

**Candidate Intention Statement**

Check One:  Initial

Amendment (Explain) \_\_\_\_\_

**RECEIVED**  
Date Stamp  
**AUG 03 2020**

**CALIFORNIA FORM 501**

For Official Use Only

**1. Candidate Information:**

BY: *Justice*

NAME OF CANDIDATE (Last, First Middle Initial)  
*Smith Frederick A*

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)  
*Oakdale*

AGENCY NAME  
*Oakdale City Council*

DISTRICT NUMBER, if applicable

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

City  County  Multi-County:

(Name of Multi-County Jurisdiction)

*2620*

(Year of Election)

PARTY PREFERENCE:

PRIMARY / GENERAL

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

*07/26/2020*

(month, day, year)

Signature