

Candidate Intention Statement

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APR 22 2020

CALIFORNIA
FORM 501

For Official Use Only

Check One: Initial

Amendment (Explain) _____

BY: *Juli Charet*

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

SUAREZ, CECILIA A

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

OAKDALE

CA

95361

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable

NON-PARTISAN OFFICE

CITY COUNCIL

CITY OF OAKDALE, CA

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PARTY PREFERENCE: *No Party Preference*

(Check one box, if applicable.)

State (Complete Part 2)

City County Multi-County: _____

(Name of Multi-County Jurisdiction)

2020

PRIMARY / GENERAL

SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

(Carpenters and Caristrs 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 APRIL 21, 2020

(month, day, year)

Signature

[Redacted Signature]

(Carriage)