

Candidate Intention Statement

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JUL 31 2020
CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Chiara, Ericka A. PAYING TELEPHONE NUMBER [REDACTED]
 STREET ADDRESS [REDACTED] FAX NUMBER (optional) _____
 OFFICE SOUGHT (POSITION TITLE) Council member AGENCY NAME City of Oakdale STATE CA ZIP CODE 95361 EMAIL (optional) chiara4oakdale@gmail.com
 OFFICE JURISDICTION State (Complete Part 2) City County Multi-County: _____ (Name of Multi-County Jurisdiction) DISTRICT NUMBER, if applicable _____ PARTY PREFERENCE: NON-PARTISAN OFFICE PRIMARY / GENERAL SPECIAL / RUNOFF
 (Check one box, if applicable.)
 (Year of Election) 2020

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 July 30 2020 Signature [REDACTED]