

Candidate Intention Statement

Date Stamp

CALIFORNIA FORM 501

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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) BERMUDEZ, GIEZI F DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () EMAIL (optional)

STREET ADDRESS [REDACTED] CITY Elk Grove STATE CA ZIP CODE 95757

OFFICE SOUGHT (POSITION TITLE) District 4 AGENCY NAME City of Elk Grove DISTRICT NUMBER, if applicable. 4 NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)
 State (Complete Part 2.)
 City County Multi-County: Elk Grove (Name of Multi-County Jurisdiction)
 (Year of Election) 11/8/22 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 8/12/22 (month, day, year) Signature [Signature] (Candidate)