Candida	te In	tention	Statemen	t	RECE	VED	CALIFORNIA FÖRM	501		
Check	One:	⊠ Initial	☐ Ame	ndment (Explain)		APR 2 2	2020	For Official Use	e Only	
			-			BY: Duli	Chu	otel.		
1. Candida	ate In	formatio	n:			0				
NAME OF CANE	DIDATE (Last, First Midd	lo Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) EMAIL (optional)				
SUAREZ, CECILIA A						() CECILIASUAREZO@GMAIL.COM				
						STATE	ZIP COD			
OFFICE SOLICI	JT /DOO!	DON TOTI EX			OAKDALE	CA	95361			
OFFICE SOUGHT (POSITION TITLE) AGENCY N CITY OF					D. 1. E. G.	DISTRICT NUMBER, if appl				_
OFFICE JURISD				CITY OF OAK	DALE, CA	10	PARTY	PREFERENCE: NO	Party Pr	eferen
☐ State		Part 2.)						Check one box, if applicab	de.)	
⊠ City			Multi-County:				020	PRIMARY/GENERAL		
	i Service				(Name of Multi-County Jurisdiction)	(Year o	of Election)	SPECIAL / RUNOFF		
□I do no Amo	pt the vot accessories of accessorie	pt the volu nt: t exceed th	untary expenditu	ceiling in the primar	tated above. ection stated above. y or special election held on:	/ and I acce	pt the volunt	ary expenditure ceille	ng for	
,						_				
(Mark if applic	cable)									
□ On _			, I contributed p	ersonal funds in exc	cess of the expenditure ceiling fo	r the election stated above.				
3. Verifica	tion:									
I certify	under	penalty of	f perjury unde	the laws of the S	tota of Polifornia that the fa-	d correc	L			
Executed	on		L 21, 2020	Signature	,			FPPC Form	n 501 (August/	2018)