

# Candidate Intention Statement

Date Stamp <b>RECEIVED</b> JUL 31 2020	<b>CALIFORNIA FORM 501</b> For Official Use Only
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Check One: ☒ Initial ☐ Amendment (Explain) \_\_\_\_\_

BY: Juli Christel

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Chiara, Ericka A. DAYTIME TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER (optional) \_\_\_\_\_ EMAIL (optional) Chiara4Oakdale@gmail.com

STREET ADDRESS \_\_\_\_\_ CITY Oakdale STATE CA ZIP CODE 95361

OFFICE SOUGHT (POSITION TITLE) Council member AGENCY NAME City of Oakdale DISTRICT NUMBER, if applicable, \_\_\_\_\_ ☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

☐ State (Complete Part 2.) ☒ City ☐ County ☐ Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) 2020 (Year of Election) ☒ 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

July 30, 2020  
(month, day, year)

Signature \_\_\_\_\_