

Candidate Intention Statement

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Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>RIVAS, SEAN M.</u>	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
STREET ADDRESS <u>SAN FERNANDO, CA 91340</u>	CITY	STATE	ZIP CODE
OFFICE SOUGHT (POSITION TITLE) <u>MEMBER OF CITY COUNCIL</u>	AGENCY NAME	DISTRICT NUMBER if applicable <u>N/A</u>	NON PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: <u>SAN FERNANDO</u> (Name of Multi-County Jurisdiction)	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input checked="" type="checkbox"/> SPECIAL / RUNOFF		
		<u>2024</u> (Year of Election)	

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 11/28/2023
(month, day, year)

Signature [Signature]
(Candidate)