

Candidate Intention Statement

Date Stamp RECEIVED 2024 JUL 18 P 3:03 CITY OF SAN FERNANDO CITY CLERK	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Lopez Patty</u>	DAYTIME TELEPHONE NUMBER _____	FAX NUMBER (optional) <u>N/A</u>	EMAIL (optional) _____
STREET ADDRESS <u>Member of City Council</u>	CITY <u>San Fernando, CA</u>	STATE <u>CA</u>	ZIP CODE <u>91340</u>
OFFICE SOUGHT (POSITION TITLE) <u>City of San Fernando</u>	AGE _____	DISTRICT NUMBER, if applicable. <u>N/A</u>	<input checked="" type="checkbox"/> 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: _____	(Name of Multi-County Jurisdiction) <u>City of San Fernando</u>	(Year of Election) <u>2024</u>	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 18, 2024 Signature [Signature]
(month, day, year) (Candidate)