

# Candidate Intention Statement

Date Stamp	<b>CALIFORNIA</b> <b>FORM 501</b>
For Official Use Only	

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Marjorie A Morgenstern</u>	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) [REDACTED]	EMAIL (optional)
[REDACTED]	STATE <u>CA</u>	ZIP CODE <u>95425</u>	
OFFICE SOUGHT (POSITION TITLE) <u>City Council</u>	AGENCY NAME <u>Claytondale</u>	DISTRICT NUMBER, if applicable	<input 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>2022</u> (Year of Election)	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 8-11-22  
(month, day, year)

Signature [REDACTED]  
(Candidate)