

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
3851 '23 JUL 11 AM 10:43	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) **Arellano, David** DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional): [REDACTED] EMAIL (optional): [REDACTED]

STREET ADDRESS [REDACTED] CITY **Lakewood** STATE **Ca.** ZIP CODE **90713**

OFFICE SOUGHT (POSITION TITLE) **City Council** AGENCY NAME **The City of Lakewood** DISTRICT NUMBER, if applicable, **4** NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) **2024** (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 10, 2023
(month, day, year)

Signature [Handwritten Signature]
(Candidate)