

# Candidate Intention Statement

Date Stamp <b>RECEIVED</b>  21 37 '22 MAR 14 16:44	<b>CALIFORNIA FORM 501</b>  For Official Use Only
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Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Chase, Cassandra		( 310 ) 817-6679	( 310 ) 672-6679	cine@politicalreportingplus.com
STREET ADDRESS		CITY	STATE	ZIP CODE
1 W. Manchester Blvd., Suite 700		Inglewood	CA	90301
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
City Council Member	City of Lakewood	5	PARTY PREFERENCE:	
OFFICE JURISDICTION		(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)		<input checked="" type="checkbox"/> PRIMARY / GENERAL		
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____		2022 (Year of Election) <input type="checkbox"/> SPECIAL / RUNOFF		
		(Name of Multi-County Jurisdiction)		

## 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.

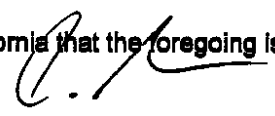
(Mark if applicable)

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 March 11, 2022  
(month, day, year)

Signature   
(Candidate)