	 □ 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. 	OFFICE JURISDICTION OFFICE JURISDICTION State (Complete Pant 2.) City County Multi-County: (Name of Multi-County Jurisdiction) 2. State Candidate Expenditure Limit Statement: (CalPERS and CalSTRS candidates, judicial candidates, and candidates for local offices do not complete Part 2.)	Irst Middle Initial) ASENCY NAME DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) (760) 507-7158 () STATE AGENCY NAME DISTRICT NUMBER, if applicable.	Candidate Intention Statement Check One: Initial Amendment (Explain) Check One: Initial Amendment (Explain) Check One: Initial County
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FPPC Form 501 (August/2023)
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