mendment (Explain)
1. Candidate Information:
NAME OF CANDIDATE (Last, First Middle Initial) CAMARCHA (TECHARA) CAMARCHA (TECHARA) CITY CITY STATE TO COMARCHA (A COMARCHA COMARCH
DISTRICT NUMBER, If applicable,
OFFICE JURISDICTION PARTY PREFERENCE: (Check one box, if applicable.) State (Complete Part 2.)
Multi-County: (Name of Multi-County Jurisdiction) (Year of Election) 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 do not accept the voluntary expenditure ceiling for the election stated above. Amendment:
O 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 S. S. 2 U Signature

FPPC Form 501 (August/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov