

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

CITY CLERK
Date Stamp
JUL 18 2022
YUBA CITY

CALIFORNIA FORM 501
For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)
Shaw, Dave (530) 674-1150 ()
STREET ADDRESS CITY STATE ZIP CODE

OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. PARTY PREFERENCE:
City Council City of Yuba City 1 NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)
 State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction)
2022 (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)

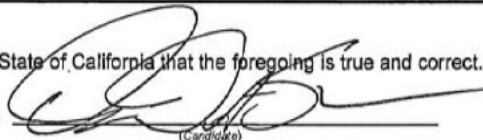
On, ___/___/___ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

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 7 8 2022
(month, day, year)

Signature


(Candidate)