Candidate Intention Statement

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Date Stamp
AUG 07 2024
TOWN OF LOOMIS

CALIFORNIA FORM **501**

For Official Use Only

Check One: ☑ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Cartwright, James (Danny)	(916) 745-8520	( )	

STREET ADDRESS	CITY	STATE	ZIP CODE
5167 Saunders Ave	Loomis CA 95650	CA	95650

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	☑ NON-PARTISAN OFFICE / PARTY PREFERENCE:
Town Council Member	Town of Loomis		

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☑ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

(Check one box, if applicable.)

☑ PRIMARY / GENERAL

_____ (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 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 August 07, 2024 (month, day, year)

Signature _____ (Candidate)