

Candidate Intention Statement

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 Date Stamp: AUG 12 2022
 TOWN OF LOOMIS

CALIFORNIA FORM 501
 For Official Use Only
 AUG 12 2022
 TOWN OF LOOMIS

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) CLARK-CROSS, JAN DAYTIME TELEPHONE NUMBER (916) 871-2431 FAX NUMBER (optional) () EMAIL (optional) wishingwell143@ATTNUS

STREET ADDRESS _____ CITY LOOMIS STATE CA ZIP CODE 95650

OFFICE SOUGHT (POSITION TITLE) TOWN COUNCIL MEMBER AGENCY NAME TOWN OF LOOMIS DISTRICT NUMBER, if applicable. _____ NON-PARTISAN OFFICE

OFFICE JURISDICTION: State (Complete Part 2.) City County Multi-County: TOWN OF LOOMIS (Name of Multi-County Jurisdiction) PARTY PREFERENCE: (Check one box, if applicable.) PRIMARY / GENERAL SPECIAL / RUNOFF

(Year of Election) 2022

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 8/12/22
(month, day, year)

Signature [Redacted Signature]
(Candidate)