

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp	CALIFORNIA FORM 501
	For Official Use 2022
	TOWN OF LOOMIS

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Cortez Amanda L DAYTIME TELEPHONE NUMBER 916 595 9937 FAX NUMBER (optional) _____ EMAIL (optional) CortezA@loomis@gmail.com

STREET ADDRESS _____ CITY LOOMIS STATE CA ZIP CODE 95650

OFFICE SOUGHT (POSITION TITLE) Town Council 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 8/5/2022
(month, day, year)

Signature: _____
(Signature)