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Candidate Intention Statement

Check One: Initial Amendment (Explain) TOWN OF LOOMIS

Date Stamp FILED 2022 JUN 14 PM 4:10 BLACER CO. CLERK ELECTION DIVISION	CALIFORNIA FORM 501 For Official Use Only
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1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Youngblood Stephanie T		DAYTIME TELEPHONE NUMBER (916) 316 8492	FAX NUMBER (optional) ()	EMAIL (optional) stephyoungblood@sbcglobal.net
STREET ADDRESS [REDACTED]		CITY Loomis	STATE CA	ZIP CODE 95650
OFFICE SOUGHT (POSITION TITLE) Council Member, Loomis Town Council	AGENCY NAME Town of Loomis	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		2022 (Year of Election)	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 06 07
(month, day, year)

Signature [REDACTED]
(Candidate)

