

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
CITY OF SAN GABRIEL CITY CLERK	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

22 JAN 20 11:07

NAME OF CANDIDATE (Last, First Middle Initial) Herrera, Jorge Ely DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () EMAIL (optional) [REDACTED]
 STREET ADDRESS [REDACTED] CITY San Gabriel STATE CA ZIP CODE 91776

OFFICE SOUGHT (POSITION TITLE) City Council Member AGENCY NAME City of San Gabriel DISTRICT NUMBER, if applicable: _____ NON-PARTISAN OFFICE
 PARTY PREFERENCE: _____

OFFICE JURISDICTION (Check one box, if applicable.)
 State (Complete Part 2.) PRIMARY / GENERAL
 City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2022 SPECIAL / RUNOFF
 (Year of Election)

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 01, 20, 2022 Signature Jorge Herrera Avila
 (month, day, year) (Candidate)