

# Candidate Intention Statement

Date Stamp

**CALIFORNIA FORM 501**

For Official Use Only

CITY OF SAN GABRIEL  
CITY CLERK'S OFFICE

Check One:  Initial  Amendment (Explain) Full name \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) **Reyna Isela Lopez Bowles**

DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED] EMAIL (optional) **22 SEP -9 P 3:54**

STREET ADDRESS **1005 E. LAS TUNAS DR.,** CITY **SAN GABRIEL** STATE **CA** ZIP CODE **91776**

OFFICE SOUGHT (POSITION TITLE) **CITY COUNCIL** AGENCY NAME \_\_\_\_\_ DISTRICT NUMBER, if applicable. \_\_\_\_\_  NON-PARTISAN OFFICE

OFFICE JURISDICTION  State (Complete Part 2.)  City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) \_\_\_\_\_

PARTY PREFERENCE: (Check one box, if applicable.)  PRIMARY / GENERAL  SPECIAL / RUNOFF

2022 (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 09 06 2022 Signature Reyna Isela Lopez Bowles (Candidate)