

# Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment  
(Explain)

Date Stamp <b>RECEIVED</b> AUG 02 2024 Office of the City Clerk	<b>CALIFORNIA FORM 501</b> For Official Use Only
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## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Francis, Pamela G.</u>	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ( ) - [REDACTED]	EMAIL (optional) [REDACTED]
STREET ADDRESS [REDACTED]	CITY <u>Turlock</u>	STATE <u>CA</u>	ZIP CODE <u>95382</u>
OFFICE SOUGHT (POSITION TITLE) <u>Treasurer</u>	AGENCY NAME <u>City of Turlock</u>	DISTRICT NUMBER, if applicable. <u>—</u>	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF
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)		2024 (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 \_\_\_\_\_

Executed on

07/19/24  
(month, day, year)

Signature

[REDACTED]