

Candidate Intention Statement

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial

Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Mostly James I DAYTIME TELEPHONE NUMBER 805-801-2302 FAX NUMBER (optional) NA EMAIL (optional) mostlyenterses@aol.com

STREET ADDRESS 33 Cambridge Dr CITY CHY STATE CA ZIP CODE 93436

OFFICE SOUGHT (POSITION TITLE) Mayor AGENCY NAME CITY OF LOPPE DISTRICT NUMBER, if applicable: NA PARTY PREFERENCE: NON-PARTISAN OFFICE PRIMARY / GENERAL SPECIAL / RUNOFF

OFFICE JURISDICTION: City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (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 8-9-2022 Signature [Signature]

(month, day, year) (Candidate)