

Candidate Intention Statement

RECEIVED	
CITY OF NORCO <small>Date Stamped</small>	CALIFORNIA FORM 501
AUG 03 2020	For Official Use Only
CITY CLERK	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) SAKAMOTO, BRENT M.		DAYTIME TELEPHONE NUMBER (951)	FAX NUMBER (optional) ()	EMAIL (optional)
STREET ADDRESS NORCO		CITY NORCO	STATE CA	ZIP CODE 92860
OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL	AGENCY NAME NORCO	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: _____		PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF		
		NORCO (Name of Multi-County Jurisdiction)	2020 (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 AUGUST 3, 2020
(month, day, year)

Signature _____
(Candidate)