

Candidate Intention Statement

RECEIVED CITY OF NORCO Date Stamp AUG 06 2020 CITY CLERK	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) WILLIAMS, SIGRID		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
STREET ADDRESS		CITY NORCO	STATE CA	ZIP CODE 92860
OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL	AGENCY NAME CITY OF NORCO	DISTRICT NUMBER, if applicable —	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE:	
OFFICE JURISDICTION		(Check one box, if applicable.)		
<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)		2020	<input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 Aug. 6, 2020 Signature _____
(month, day, year)