

Candidate Intention Statement

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| RECEIVED CITY CLERK'S OFFICE AUG - 2 2022 CITY OF PASO ROBLES | Date Stamp |
| | CALIFORNIA FORM 501 |
| For Official Use Only | |

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Michael Rivera DAYTIME TELEPHONE NUMBER _____ FAX NUMBER (optional) _____ EMAIL (optional) _____

STREET ADDRESS _____ CITY PASO ROBLES STATE CA ZIP CODE 93446

OFFICE SOUGHT (POSITION TITLE) MAYOR AGENCY NAME CITY PASO ROBLES CA DISTRICT NUMBER, if applicable. N/A NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.) PRIMARY / GENERAL

City County Multi-County: N/A (Name of Multi-County Jurisdiction) _____ 2022 (Year of Election) SPECIAL / RUNOFF

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 8-2-22
(month, day, year)

Signature _____