

Candidate Intention Statement

Date Stamp CITY CLERK OFFICE 2024 MAR 18 A 11: 25 CITY OF MONTEREY PARK	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) Change of Election Year

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Sanchez, Jose	DAYTIME TELEPHONE NUMBER (562) 712-4056	FAX NUMBER (optional) (213) 489-4818	EMAIL (optional) josesanchezformpk@gmail.com
STREET ADDRESS [REDACTED]	CITY Monterey Park	STATE CA	ZIP CODE 91754
OFFICE SOUGHT (POSITION TITLE) City Council Member	AGENCY NAME Monterey Park	DISTRICT NUMBER, if applicable. 3	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE:
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)			(Check one box, if applicable.) <input type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF
			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 California that the foregoing is true and correct.

Executed on 3/12/2024
(month, day, year)

Signature [Handwritten Signature]
(Candidate)