

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM <b>501</b>
For Official Use Only	

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

CITY CLERK OFFICE

2024 SEP 16 P 2: 27

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Nava, Anthony	( 909 ) 730-1893	( )	anthony@anthonylava.com
STREET ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	Monterey Park, CA		91754
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
City Council Member	Monterey Park	3	PARTY PREFERENCE:
OFFICE JURISDICTION			(Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.)			<input checked="" type="checkbox"/> PRIMARY / GENERAL
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County:			<input type="checkbox"/> SPECIAL / RUNOFF
	(Name of Multi-County Jurisdiction)	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 03.04.2024  
(month, day, year)

Signature [Handwritten Signature]  
(Candidate)