

# Candidate Intention Statement

Date Stamp

CALIFORNIA  
FORM

501

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

For Official Use Only

JUL 22 2022

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

BROOKS, CARMEN R

DAYTIME TELEPHONE NUMBER

[REDACTED]

FAX NUMBER (optional)

( )

EMAIL (optional)

STREET ADDRESS

[REDACTED]

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

CITY CLERK

AGENCY NAME

CITY OF SIGNAL HILL

DISTRICT NUMBER, if applicable

 NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

OFFICE JURISDICTION

 State (Complete Part 2.) City County Multi-County:

CITY OF SIGNAL HILL

(Name of Multi-County Jurisdiction)

2022

(Year of Election)

 PRIMARY / GENERAL 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

07/21/2022  
(month, day, year)

Signature

(Candidate)