

Candidate Intention Statement

Date Stamp AUG 7 24 PM '18	CALIFORNIA FORM
	501
For Official Use Only	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Gonzalez, Daritza S.

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

() NA

daritza.gonzalez95@gmail.com

STREET ADDRESS

CITY

STATE

ZIP CODE

Signal Hill

CA

90755

OFFICE SOUGHT (POSITION TITLE)

City Clerk

AGENCY NAME

City of Signal Hill

DISTRICT NUMBER, if applicable

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

2024
(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 that the information contained in this statement is correct.

Executed on

08/02/24

(month, day, year)

Signature