

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
CITY CLERK OFFICE 2019 DEC -6 A 11:44	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Martinez, Lorraine E.	DAYTIME TELEPHONE NUMBER (626) 573-3022	FAX NUMBER (optional) ()	EMAIL (optional)
STREET ADDRESS 147 W. El Repetto Drive	CITY Monterey Park	STATE CA	ZIP CODE 91754
OFFICE SOUGHT (POSITION TITLE) City Council	AGENCY NAME Monterey Park	DISTRICT NUMBER, if applicable. 2	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF
OFFICE JURISDICTION	<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: <u>CITY OF MONTEREY PARK</u> (Name of Multi-County Jurisdiction)		
		<u>2020</u> (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 12/5/2019
(month, day, year)

Signature Lorraine E. Martinez
(Candidate)