

Candidate Intention Statement

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Check One: [X] Initial [ ] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE: Kalantari-Johnson, Shebreh
DAYTIME TELEPHONE NUMBER: [Redacted]
FAX NUMBER (optional): ( )
EMAIL (optional): [Redacted]
STREET ADDRESS: [Redacted]
CITY: SANTA CRUZ, CA
STATE: CA
ZIP CODE: 95060
OFFICE SOUGHT (POSITION TITLE): City Councilmember
AGENCY NAME: City of Santa Cruz
DISTRICT NUMBER, if applicable:
NON-PARTISAN OFFICE: [ ]
PARTY PREFERENCE: Democrat
OFFICE JURISDICTION: [X] City [ ] County [ ] Multi-County
Year of Election: 2020
PRIMARY / GENERAL: [X]
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.
[X] 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, 7/21/20 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 7/21/2020 (month, day, year)

Signature [Handwritten Signature] (Candidate)