

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501 For Official Use Only SEP 17 '21 AM 10:04

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Quiroz-Carter Vanessa D.	DAYTIME TELEPHONE NUMBER (931) 713 8628	FAX NUMBER (optional) ()	EMAIL (optional) quirozcarterforcitycouncil@gmail.com
STREET ADDRESS Council member	CITY Watsonville City	STATE 2	ZIP CODE
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: DEM
OFFICE JURISDICTION (Check one box, if applicable.)			
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County:		WATSONVILLE (Name of Multi-County Jurisdiction)	2021 (Year of Election)
			<input type="checkbox"/> PRIMARY / GENERAL <input checked="" type="checkbox"/> 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 09/17/2021 Signature [Redacted]
(month, day, year) (Candidate)