

Candidate Intention Statement

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AUG 05 2020	For Official Use Only
CITY OF ANTIOCH CITY CLERK	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Arce Marie L</u>	DAYTIME TELEPHONE NUMBER <u>(415) 707 9757</u>	FAX NUMBER (optional) <u>()</u>	EMAIL (optional) <u>Mariearcefordistrict3@gmail.com</u>
STREET ADDRESS <u>Antioch</u>	CITY <u>CA</u>	STATE <u>CA</u>	ZIP CODE <u>94531</u>
OFFICE SOUGHT (POSITION TITLE) <u>City Council District 3</u>	AGENCY NAME <u>City of Antioch</u>	DISTRICT NUMBER, if applicable. <u>3</u>	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input 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 7/27/20 Signature _____
(month, day, year)