

Candidate Intention Statement



Date Stamp RECEIVED JUL 16 2024 Fresno County Elections	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Coz Christian DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () EMAIL (optional) [REDACTED]
STREET ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME City of Mendota DISTRICT NUMBER, if applicable: Full Term NON-PARTISAN OFFICE
OFFICE JURISDICTION (Check one box, if applicable.)
 State (Complete Part 2.) PRIMARY / GENERAL
 City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2024 (Year of Election) 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 7/16/24 Signature [REDACTED]
(month, day, year)