

Candidate Intention Statement



CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Gallardo Jose G 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. [REDACTED] NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction)

2024 (Year of Election) PRIMARY / GENERAL 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 9/8/24 Signature [REDACTED]
(month, day, year)