andidate Intention Statement Check One: Initial Check One: Initial	Date Stamp FORM 501 For Official Use Only
1. Candidate Information:	48.50515553 5
	IE TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)
RIOFRIO JOSEPH R.	() / A STATE ZIP CODE
CITY CITY	/ STATE ZIF CODE
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME	DISTRICT NUMBER, IT APPLICADIE.
	YOF MENDOTA NA PARTY PREFERENCE:
OFFICE JURISDICTION	(Check one box, if applicable.)
State (Complete Part 2.)	2024 PRIMARY GENERAL
City County Multi-County: (Name of I	Multi-County Jurisdiction) (Year of Election) SPECIAL / RUNOFF
 2. State Candidate Expenditure Limit Statement: (CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do (Check one box) I accept the voluntary expenditure ceiling for the election stated 	
(CaIPERS and CaISTRS candidates, judges, judicial candidates, and candidates for local offices do (Check one box)	above.
(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do (Check one box) □ I accept the voluntary expenditure ceiling for the election stated □ I do not accept the voluntary expenditure ceiling for the election Amendment:	above. n stated above.
(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do (Check one box) □ I accept the voluntary expenditure ceiling for the election stated □ I do not accept the voluntary expenditure ceiling for the election Amendment:	above.
<pre>(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do (Check one box) □ I accept the voluntary expenditure ceiling for the election stated □ I do not accept the voluntary expenditure ceiling for the election Amendment: ○ I did not exceed the expenditure ceiling in the primary or stated ○ I did not exceed the expenditure ceiling in the primary or stated ○ I did not exceed the expenditure ceiling in the primary or stated ○ I did not exceed the expenditure ceiling in the primary or stated ○ I did not exceed the expenditure ceiling in the primary or stated ○ I did not exceed the expenditure ceiling in the primary or stated ○ I did not exceed the expenditure ceiling in the primary or stated ○ I did not exceed the expenditure ceiling in the primary or stated ○ I did not exceed the expenditure ceiling in the primary or stated ○ I did not exceed the expenditure ceiling in the primary or stated ○ I did not exceed the expenditure ceiling in the primary or stated ○ I did not exceed the expenditure ceiling in the primary or stated ○ I did not exceed the expenditure ceiling in the primary or stated ○ I did not exceed the expenditure ceiling in the primary or stated ○ I did not exceed the expenditure ceiling in the primary or stated ○ I did not exceed the expenditure ceiling in the primary or stated ○ I did not exceed the expenditure ceiling in the primary or stated ○ I did not exceed the expenditure ceiling in the primary or stated ○ I did not exceed the expenditure ceiling in the primary or stated ○ I did not exceed the expenditure ceiling in the primary or stated ○ I did not exceed the expenditure ceiling in the primary or stated ○ I did not exceed the expenditure ceiling in the primary or stated ○ I did not exceed the expenditure ceiling in the primary or stated ○ I did not exceed the expenditure ceiling in the primary or stated ○ I did not exceed the expend</pre>	above. n 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 <u>B/6/2024</u> Signature

FPPC Form 501 (August/2023) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

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