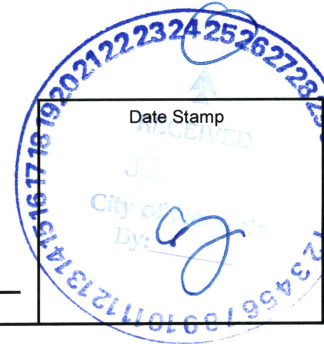


# Candidate Intention Statement



<b>CALIFORNIA</b> <b>FORM</b>	<b>501</b>
For Official Use Only	

Check One:  Initial  Amendment (Explain)

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Rosales, Oscar H DAYTIME TELEPHONE NUMBER [Redacted] FAX NUMBER (optional) MA EMAIL (optional) MA  
STREET ADDRESS [Redacted] CITY STATE ZIP CODE

OFFICE SOUGHT (POSITION TITLE) Mendota City Council AGENCY NAME City of Mendota DISTRICT NUMBER, if applicable. MA  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  SPECIAL / RUNOFF  
(Year of Election)

## 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 7/25/2024 Signature [Redacted]