

# Candidate Intention Statement



Check One:  Initial  Amendment (Explain)

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Bill, Veronica DAYTIME TELEPHONE NUMBER [Redacted] FAX NUMBER (optional) [Redacted] EMAIL (optional) [Redacted]  
STREET ADDRESS [Redacted] CITY [Redacted] STATE CA ZIP CODE 95324

OFFICE SOUGHT (POSITION TITLE) Mendota City Council - ST AGENCY NAME City of Mendota DISTRICT NUMBER, if applicable. [Redacted]  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 \_\_\_\_\_ and correct.

Executed on 7/22/2024  
(month, day, year)

Signature \_\_\_\_\_