

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
	For Official Use Only RCVD CITY CLERK'S JUL 29 2022 PM05:16

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Oliva, Tomas DAYTIME TELEPHONE NUMBER _____ FAX NUMBER (optional) _____ EMAIL (optional) tomas@VoteOliva.com

STREET ADDRESS _____ STATE CA ZIP CODE 92244

OFFICE Sought (POSITION TITLE) City Council AGENCY NAME City of El Centro DISTRICT NUMBER, if applicable. _____ NON-PARTISAN OFFICE

OFFICE JURISDICTION: State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) PARTY PREFERENCE: (Check one box, if applicable.) PRIMARY GENERAL SPECIAL / RUNOFF

(Year of Election) 2022

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 July 29, 2022 Signature [Signature]
(month, day, year) (Candidate)