

Candidate Intention Statement

CITY OF STANTON CALIFORNIA FORM 501 AUG - 9 2022 CITY CLERK'S OFFICE For Official Use Only

Check One: [X] Initial [] Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Wiktor, Elizabeth B DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional) STREET ADDRESS CITY STATE ZIP CODE

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME City of Stanton DISTRICT NUMBER, if applicable, District 1 [X] NON-PARTISAN OFFICE OFFICE JURISDICTION [] State [X] City [] County [] Multi-County: (Name of Multi-County Jurisdiction) 2022 (Year of Election) [X] 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)

[X] 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 August 3 2022 (month, day, year)

Signature

