

## Candidate Intention Statement

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

Received by  
26 JAN 2023  
CITY CLERK  
City of Ceres

CALIFORNIA FORM 501  
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### 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Viera, Rosalinda L	[REDACTED]	( )	rose@rose4ceres.com
STREET ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	Ceres	CA	95307
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	
City Council	City of Ceres	2	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION	PARTY PREFERENCE (Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County:	City of Ceres (Name of Multi-County Jurisdiction)	2026 (Year of Election)	<input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 [REDACTED] State that the foregoing is true and correct.

Executed on

11/20/23  
(month, day, year)

Signature

(Candidate)