

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____



CALIFORNIA FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Vierra, Rosalinda L.

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

rose@rose4ceres.com

STREET ADDRESS

CITY

STATE

ZIP CODE

Ceres

CA

95307

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable

☒ NON-PARTISAN OFFICE

City Council

City of Ceres

2

OFFICE JURISDICTION

PARTY PREFERENCE:
(Check one box, if applicable.)

☐ State (Complete Part 2.)

City of Ceres

2026

☒ PRIMARY / GENERAL

☒ City

☐ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

(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 of California that the foregoing is true and correct.

Executed on

1/20/23
(month, day, year)

Signature

(Candidate)