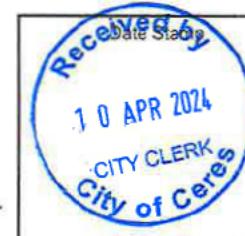


Candidate Intention Statement

Check One: Initial Amendment
(Explain) _____



CALIFORNIA
FORM

501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Otero, Cerina M

STREET ADDRESS

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

()

EMAIL (optional)

STATE ZIP CODE

CITY

STATE

ZIP CODE

Ceres

CA

95307

OFFICE SOUGHT (POSITION TITLE)

City Council

AGENCY NAME

City of Ceres

DISTRICT NUMBER, if applicable.

3

NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

State (Complete Part 2.)

2024

PRIMARY / GENERAL

City County Multi-County:

(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

04/10/24
(month, day, year)

Signature

(Candidate)