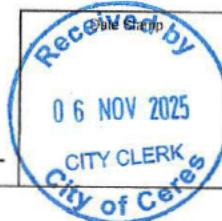


## Candidate Intention Statement

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



CALIFORNIA  
FORM **501**

For Official Use Only

### 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Dorie Perez

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

STATE

com

Modesto CA 95357

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

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

2020  
(Year of Election)

### 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

11/5/2025  
(month/day/year)

Signature

FPPC Form 501 (August/2023)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov