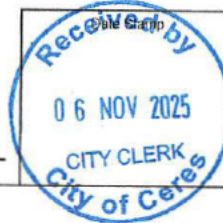


### Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment  
(Explain)



CALIFORNIA FORM 501

For Official Use Only

#### 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Doric Perez	[REDACTED]	[REDACTED]	[REDACTED]
STREET ADDRESS	STATE		
[REDACTED]	CA 95357		
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
City Council of Ceres, CA	Modesto	one	
OFFICE JURISDICTION	PARTY PREFERENCE		
<input type="checkbox"/> State (Complete Part 2.)	(Check one box, if applicable.)		
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	<input checked="" type="checkbox"/> PRIMARY / GENERAL		
(Name of Multi-County Jurisdiction)	<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 State of California that the foregoing is true and correct.

Executed on 11/5/2025 Signature [Signature]  
(month/day/year) (Candidate)

FPPC Form 501 (August/2023)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov