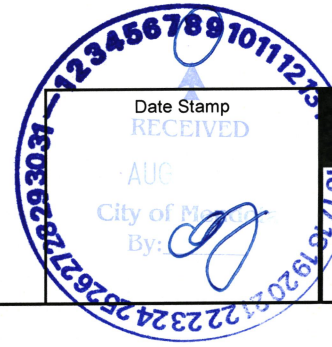


Candidate Intention Statement



CALIFORNIA FORM 501 For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)
LIBERTAD E Lopez
STREET ADDRESS CITY STATE ZIP CODE
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable: NON-PARTISAN OFFICE
Mendota City Council Mendota CA
OFFICE JURISDICTION (Check one box, if applicable.)
State (Complete Part 2.)
City County Multi-County: (Name of Multi-County Jurisdiction)
2022 (Year of Election)
PRIMARY / GENERAL
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 8/08/22 Signature [Redacted]