	62128293037
Candidate Intention Statement	Date Stamp
Check One:  Initial  Amendment (Explain)	The of the second
1. Candidate Information:	FAX NUMBER (optional)
NAME OF CANDIDATE (Last, First Middle Initial) BAUTISTA TEAT LO STREET ADDRESS	FAX NUMBER (optional) EMAIL (optional) ) STATE ZIP CODE
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME	
COUNSIL Member Mendota	PARTY PREFERENCE:
	(Check one box, if applicable.)
State (Complete Part 2.)         City       County         Multi-County:         (Name of Multi-County Jurisdiction)	(Year of Election)

## 2. State Candidate Expenditure Limit Statement:

(CaIPERS and CaISTRS 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 e	election stated above	
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□ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

O 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 \_\_\_\_\_\_\_

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Signature \_\_\_\_

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