Candidate Intention Statement	RECEIVED  Date Stamp  CALEGRAIA
Check One:   Initial   MAMENDEM   WILL RUN for Similar Position City Council in 2022	FEE - 1 2021 For Official Use Only
1. Candidate Information:	City Unin & S Office
NAME OF CANDIDATE (Last, First Middle Intelat)  DAYTIME TELEPHONE NUMBER  FAX  STREET ADDRESS  (**CONTROL OF CANDIDATE (Last, First Middle Intelat)	(NUMBER (optional) EMAIL (optional)
OFFICE JURISDICTION THE OF LAGRENT DEACH	STATE ZIP CODE  CO 9265  RICT NUMBER, If applicable PARTY PREFERENCE:
State (Complete Pert 2.)  City County Multi-County: (Name of Multi-County Jurisdiction)	(Check one box, if applicable.)  PRIMARY / GENERAL  (Year of Election) SPECIAL / RUNOFF
(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.  Amendment:  O I did not exceed the expenditure ceiling in the primary or special election held on	
(Mark if applicable)	
On,I contributed personal funds in excess of the expenditure ceiling for the election stated above.	
3. Verification:	
Executed on 1-29-2021 Signature	
(Cendidate)	