

Candidate Intention Statement

Date Stamp

CALIFORNIA
FORM

501

For Official Use Only

CITYRSM*24AUG 7PM 2:49

Check One: Initial Amendment
(Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Gamble, Carol A.

DAYTIME TELEPHONE NUMBER

(949) 459-8300

FAX NUMBER (optional)

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EMAIL (optional)

carolgamble4RSM@cox.net

STREET ADDRESS

CITY

STATE

ZIP CODE

Mission Viejo

CA

92691

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

 NON-PARTISAN OFFICE

City Council Member

City of Rancho Santa Margarita

District 3

PARTY PREFERENCE:

OFFICE JURISDICTION

(Check one box, if applicable.)

 State (Complete Part 2.)

2024

 PRIMARY / GENERAL City County Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

 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:

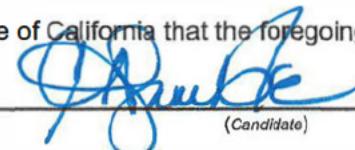
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

8/6/2024

(month, day, year)

Signature



(Candidate)