

Candidate Intention Statement

Date Stamp

CALIFORNIA
FORM

501

Check One: ☒ Initial☐ Amendment
(Explain)

For Official Use Only

CITYRSM*24AUG 8PM 3:18

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

RIVERA MYRTA

651 720-7673

CITY

STATE

ZIP CODE

[REDACTED]

- RSM,

CA

92688

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN OFFICE

MAYOR

CITY OF RSM

OFFICE JURISDICTION

(Check one box, if applicable.)

☐ State (Complete Part 2.)☒ City☐ County☐ Multi-County:

RANCHO SANTA MARGARITA

(Name of Multi-County Jurisdiction)

2024

(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

08-08-2024

(month, day, year)

Signature

[Signature]

(Candidate)

FPPC Form 501 (August/2023)

FPPC Advice: advice@fppc.ca.gov / 275-3772

w .fppc.ca.gov