

## Candidate Intention Statement

Date Stamp

CALIFORNIA  
FORM

501

Check One:  Initial  Amendment  
(Explain) \_\_\_\_\_

For Official Use Only

CITYRSM/24RUS 8PM 318

### 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

RIVERA MYRTA

DAYTIME TELEPHONE NUMBER

651 720-7675

FAX NUMBER (optional)

EMAIL (optional)

CITY STATE ZIP CODE CA 92688

OFFICE SOUGHT (POSITION TITLE)

MAYOR

AGENCY NAME

CITY OF RSM

DISTRICT NUMBER, if applicable.

 NON-PARTISAN OFFICE

PARTY PREFERENCE:

(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

(Candidate)