

Candidate Intention Statement

Date Stamp

CALIFORNIA
FORM

501

Check One: Initial Amendment (Explain) _____

For Official Use Only

ITVRSW22AUG 4AM11:53

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Jerry Holloway	DAYTIME TELEPHONE NUMBER (949) 293-0376	FAX NUMBER (optional) ()	EMAIL (optional) Hollowayinv@aol.com
STREET ADDRESS [REDACTED]	CITY Trabuco Canyon	STATE Ca	ZIP CODE 92679
OFFICE SOUGHT (POSITION TITLE) City Council	AGENCY NAME City of Rancho Santa Margarita	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.)
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County:	<u>RANCHO SANTA MARGARITA</u> (Name of Multi-County Jurisdiction) <u>2022</u> (Year of Election) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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.

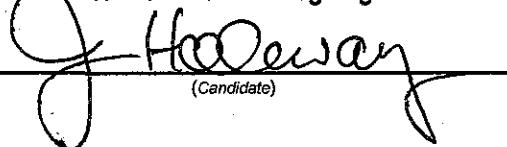
3. Verification:

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

8/4/2022

Executed on / /
(month, day, year)

Signature


(Candidate)