

Candidate Intention Statement

RECEIVED
Date Stamp
JUL 30 2024

CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Hernandez, Steven A DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () CA EMAIL (optional) [REDACTED]

STREET ADDRESS [REDACTED] CITY [REDACTED] STATE CA ZIP CODE 92236

OFFICE SOUGHT (POSITION TITLE) Mayor, City of Coachella AGENCY NAME City of Coachella DISTRICT NUMBER, if applicable. At Large NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2) City County Multi-County: City of Coachella (Name of Multi-County Jurisdiction) PARTY PREFERENCE: PRIMARY / GENERAL SPECIAL / RUNOFF

State City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2024 (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 [REDACTED] is true and correct.

Executed on July 27, 2024 (month, day, year) Signature [REDACTED]