Candidate Intention Statement

Check One: ☑ Initial   ☐ Amendment (Explain)

Date Stamp	CALIFORNIA FORM **501**
	For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)
Zepeda, Angela

DAYTIME TELEPHONE NUMBER ▮▮▮

FAX NUMBER (optional) ( )

EMAIL (optional)

STREET ADDRESS ▮▮▮

CITY ▮▮▮

STATE CA

ZIP CODE 92236

OFFICE SOUGHT (POSITION TITLE) City Clerk

AGENCY NAME City of Coachella

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN OFFICE

PARTY PREFERENCE: (Check one box, if applicable.)

OFFICE JURISDICTION
☐ State (Complete Part 2.)
☑ City   ☐ County   ☐ Multi-County: _____ (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 8/6/2024
(month, day, year)

Signature ▮▮▮