

Candidate Intention Statement

RECEIVED AUG 01 2022 <i>Chase</i> City Clerk's Office City of Hughson	CALIFORNIA FORM 501
	For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Strain, Julie Ann	(209) 883-2135	() N/A	jstrain1976@sbcglobal.net
STREET ADDRESS	CITY	STATE	ZIP CODE
	Hughson	CA	95326
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	<input type="checkbox"/> NON-PARTISAN OFFICE
City Council	City of Hughson		PARTY PREFERENCE: Democrat
OFFICE JURISDICTION	(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)	<input checked="" type="checkbox"/> PRIMARY / GENERAL		
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	<input type="checkbox"/> SPECIAL / RUNOFF		
	(Name of Multi-County Jurisdiction)	2022	(Year of Election)

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 July 27 2022
(month, day, year)

Signature

Julie Ann Strain
(Candidate)