Candidate Intention Statement

Date Stamp	CALIFORNIA FORM **501**
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Check One: ☑ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial): PETTIT, ALAN P.

[redacted] X NUMBER (optional) ( ) EMAIL (optional): LOVEALFIE@ICloud.Co

STREET ADDRESS: [redacted] CITY: PALM SPRINGS STATE: ZIP CODE:

OFFICE SOUGHT (POSITION TITLE): CITY COUNCIL DISTRICT 3

AGENCY NAME: PALM SPRINGS CA 92262

DISTRICT NUMBER, if applicable: 3

☑ NON-PARTISAN OFFICE

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

☑ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☑ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

2019 (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 5-28-19 *(month, day, year)* Signature [redacted]