

**Candidate Intention Statement**

Date Stamp *Jayma*

**CALIFORNIA FORM 501**

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CITY OF PALM SPRINGS  
2020 FEB 19 AM 11:1

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

OFFICE OF THE CITY CLERK

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Woods, Dennis L		( [REDACTED] )	( )	DennisWoods4PalmSprings@gmail.com
STREET ADDRESS		CITY	STATE	ZIP CODE
[REDACTED]		Palm Springs	CA	92262
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
Council Member	City of Palm Springs	2	PARTY PREFERENCE:	
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: _____		2022	<input type="checkbox"/> SPECIAL / RUNOFF	
		(Name of Multi-County Jurisdiction) (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 January 11, 2020 Signature [REDACTED]

(month, day, year) (date)