

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp *Jan 26*

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CITY OF PALM SPRINGS
2020 FEB 26 PM 3: 03

CALIFORNIA FORM 501
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OFFICE OF THE CITY CLERK

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)

Lisa Middleton [REDACTED] () [REDACTED]

STREET ADDRESS CITY STATE ZIP CODE

[REDACTED] Palm Springs CA 92264

OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable NON-PARTISAN OFFICE

City Councilmember City of Palm Springs 5 PARTY PREFERENCE:

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.) PRIMARY / GENERAL

City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2020 SPECIAL / RUNOFF

(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 information provided is true and correct.

Executed on 02/26/2020
(month, day, year)

Signature

[REDACTED SIGNATURE]