

Candidate Intention Statement

Date Stamp RECEIVED CITY OF PALM SPRINGS 2020 JUL 23 PM 12:11 OFFICE OF THE CITY CLERK CALIFORNIA FORM 501 For Official Use Only

Check One: [X] Initial [ ] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) McCulloch, Michael R DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional) STREET ADDRESS CITY PALM SPRINGS STATE CA ZIP CODE 92264

OFFICE SOUGHT (POSITION TITLE) CITY Council AGENCY NAME CITY OF PALM SPRINGS DISTRICT NUMBER, if applicable. 4 [X] NON-PARTISAN OFFICE PARTY PREFERENCE:

OFFICE JURISDICTION [ ] State (Complete Part 2.) [X] City [ ] County [ ] Multi-County: (Name of Multi-County Jurisdiction) (Check one box, if applicable.) [X] PRIMARY / GENERAL [ ] SPECIAL / RUNOFF 2020 (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 7/23/2020 (month, day, year)

Signature