

Candidate Intention Statement

Date Stamp <i>Received</i> <i>Aug 3, 2020</i> <i>City Clerk</i>	CALIFORNIA FORM 501
	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <i>TORRES DIAN E</i>	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ()	EMAIL (optional)
STREET ADDRESS [REDACTED]	CITY <i>Palm Springs CA</i>	STATE <i>CA</i>	ZIP CODE <i>92264</i>
OFFICE SOUGHT (POSITION TITLE) <i>City Council</i>	AGENCY NAME <i>City of Palm Springs</i>	DISTRICT NUMBER, if applicable. <i>4</i>	<input type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		(Year of Election) <i>2020</i>	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF

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 *August 3 2020*
(month, day, year)

Signature [REDACTED]