

# Candidate Intention Statement

Date Stamp	<b>CALIFORNIA FORM 501</b>
	For Official Use Only

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

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Padayachee, Glen A.	[REDACTED]	( )	Glen9779@gmail.com
STREET ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	Elk Grove	CA	95624

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	<input type="checkbox"/> NON-PARTISAN OFFICE
Mayor	City of Elk Grove		PARTY PREFERENCE: <b>DEMOCRAT</b>

OFFICE JURISDICTION (Check one box, if applicable )

State (Complete Part 2.)  PRIMARY / GENERAL

City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) \_\_\_\_\_ (Year of Election)  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 JANUARY 16, 2020  
(month, day, year)

Signature [REDACTED]  
(Candidate)

ERROR: undefined  
OFFENDING COMMAND: r