

Candidate Intention Statement



Date Stamp	CALIFORNIA FORM 501
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	CITY CLERK'S OFFICE AUG 09 2021 PH04146

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Kallirai, Mahavir	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ()	EMAIL (optional) Laura@StephenCompany.com
STREET ADDRESS [REDACTED]	CITY Sacramento	STATE CA	ZIP CODE 95814
OFFICE SOUGHT (POSITION TITLE) City Council Member	AGENCY NAME City of Elk Grove	DISTRICT NUMBER, if applicable. 2	<input type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: Republican Party
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)		(Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF	
		2022 (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 07/14/2021
(month, day, year)

Signature [REDACTED]
(Candidate)