

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
	For Official Use Only
	CITY CLERK'S OFFICE JUL 30 2020 AM 11:47

Check One: Initial Amendment (Explain) Amend Candidate Contact and Election Information

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Suen, Darren		(916) 348-9100	(916) 348-9111	jerry@rcbs.us
STREET ADDRESS		CITY	STATE	ZIP CODE
5429 Madison Avenue		Sacramento	CA	95841
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
City Council Member		1	PARTY PREFERENCE:	
OFFICE JURISDICTION		(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)		<input checked="" type="checkbox"/> PRIMARY / GENERAL		
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____		<input type="checkbox"/> 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 07/27/2020
(month, day, year)

Signature 
(Candidate)