

# Candidate Intention Statement

Date Stamp

CALIFORNIA FORM **501**

RECEIVED

For Official Use Only

MAR 02 2020

BY: *[Signature]*

Check One:  Initial  Amendment (Explain) Address Change

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Camacho Marco A DAYTIME TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER (optional) \_\_\_\_\_ EMAIL (optional) jr.douglas@yahoo.com

STREET ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OFFICE SOUGHT (POSITION TITLE) Council member AGENCY NAME City of Oakland DISTRICT NUMBER, if applicable. \_\_\_\_\_  NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.)  City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) \_\_\_\_\_

PARTY PREFERENCE:  PRIMARY / GENERAL  SPECIAL / RUNOFF

11-2020 (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 01-21-2020 Signature \_\_\_\_\_  
(month, day, year)

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Date Stamp <b>RECEIVED</b> OCT 24 2019	<b>CALIFORNIA FORM 501</b> For Official Use Only
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Check One:  Initial  Amendment (Explain) \_\_\_\_\_

BY: 

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Camacho, Marco A	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) ( )	EMAIL (optional) jr.douglass@yahoo.com
STREET ADDRESS	CITY Oakdale	STATE CA	ZIP CODE 95361
OFFICE SOUGHT (POSITION TITLE) Council Member	AGENCY NAME City of Oakdale	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION	PARTY PREFERENCE:		
<input type="checkbox"/> State (Complete Part 2.)	(Check one box, if applicable.)		
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)	11/2020 (Year of Election)	<input checked="" type="checkbox"/> PRIMARY / GENERAL	
		<input type="checkbox"/> SPECIAL / RUNOFF	

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(Mark if applicable)

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## 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 October 24, 2019  
(month, day, year)

Signature \_\_\_\_\_