Form 501: Candidate Intention Statement

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4. Filing Requirements
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GENERAL INFORMATION:

1. The current version of this form is dated 6/2016. Earlier versions of this form may be encountered.
2. A “Sendback” letter is sent only when the signature is missing.
3. In many instances, missing or incomplete information may be found elsewhere in the form, or by other sources (e.g. existing record in AMS, other submitted forms, or elsewhere on the same form, etc.).
4. If missing or incomplete information cannot be determined, attempt to contact the filer by phone, email or letter.
5. Any questions regarding processes should be directed to a PRD manager.

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Review Points – Form and AMS

Candidate Intention Statement

Date Stamp

CALIFORNIA FORM **501**

For Official Use Only

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Check One: ☐ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

2 a-m

NAME OF CANDIDATE (Last, First, Middle Initial) | DAYTIME TELEPHONE NUMBER ( ) | FAX NUMBER (optional) ( ) | E-MAIL (optional)

STREET ADDRESS | CITY | STATE | ZIP CODE

OFFICE SOUGHT (POSITION TITLE) | AGENCY NAME | DISTRICT NUMBER, if applicable. | ☐ NON-PARTISAN PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (Year of Election)

2. State Candidate Expenditure Limit Statement:

3 a-d

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

_____ *(Year of Election)* *Primary/general election* _____ *(Year of Election)* *Special/runoff election*

(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:

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ *(month, day, year)* Signature _____ *(Candidate)*

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DATA ELEMENTS

This section provides guidance for reviewing the Form 501, explaining the data fields the filer must or may complete, and the method used for obtaining missing or incomplete information. It also indicates the location of the corresponding AMS data entry field (if any).

***Methods of Contact (MOC):**
PC –Phone Call
EL – Exception Letter
OC – Other contact (email, fax)
SB – Sendback Letter
N/A – No Action Needed

No.	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
1	Statement Type – checkbox	Yes	Statement Type – checkbox	EL	No field available to enter this data.
2a	Candidate Information: Name of Candidate	Yes		EL	Form 501/Filer: Name
2b	Candidate Information: Daytime Telephone Number	Yes		EL	Form 501/Filer: Address - Phone
2c	Candidate Information: Fax Number	No		N/A	Form 501/Filer: Address - Fax
2d	Candidate Information: Email	No		N/A	Form 501/Filer: Address - Email
2e	Candidate Information: Street Address	Yes	P.O. Box is not allowed	EL	Form 501/Filer: Address
2f	Candidate Information: City, State, Zip Code	Yes	Declare position title, agency name and district number	EL	Form 501/Filer: Address
2g	Candidate Information: Office Sought (Position Title)	Yes	Declare position title, agency name and district number	EL	Form 501/Filer: Attribute or Race Information
2h	Candidate Information: Agency Name	Yes	Declare position title, agency name and district number	EL	Form 501/Filer: Attribute or Race Information
2i	Candidate Information: District Number, if applicable	Yes	Declare district number, if applicable	EL	Form 501/Filer: Attribute - District

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No.	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
2j	Candidate Information: Non-Partisan checkbox/ Party selection	Yes		EL	No field available to enter this data.
2k	Candidate Information: Office Jurisdiction checkbox	Yes		EL	Form 501/Filer: Attribute - Jurisdiction
2l	Candidate Information:Name of Multi-County Jurisdiction	Yes, if applicable		EL	Form 501: Race Information
2m	Candidate Information: Year of Election	Yes		EL	Form 501: Race Information
3a	State Candidate Expenditure Limit Statement: Year of Election (Primary/General or Special/Runoff)	No	Mark box if candidate is accepting the expenditure limit for the General or Special Run-Off election because they did not exceed the limit in the Primary.	N/A	Form 501: Race Information
3b	State Candidate Expenditure Limit Statement: Acceptance of Voluntary Expenditure Limits checkboxes	No		N/A	Form 501: Race Information
3c	State Candidate Expenditure Limit Statement: Disclosure of personal funds contributed in excess of expenditure ceiling	No		N/A	Form 501: Race Information
3d	State Candidate Expenditure Limit Statement:	No		N/A	Form 501: Race Information
4a	Executed date	Yes		EL	No field available to enter this data.
4b	Candidate Signature	Yes		SB – if signature(s) missing EL if other signature issue	No field available to enter this data.

Filing Requirements

This section provides an explanation of other forms that may have a dependency on this form, or whether this form has any dependencies on other forms.

Attachment Description	Required/ Optional	Comments
None		

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Written Notations

This section explains information handwritten or stamped onto the Form.

Entered By	Notation	Comments
Public Desk	Date Stamp	The date stamp includes “Received and Filed.”

Signature Requirements

This section provides guidance on the individual(s) who may act as an authorized signer of the Form 501.

Authorized Signer	Comments
Candidate	Only the Candidate is allowed to sign this form