

Candidate Intention Statement

Type or Print in Ink.

Date Stamp

CANDIDATE INTENTION STATEMENT
CALIFORNIA
FORM 501
For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Louis Garza

DAYTIME TELEPHONE NUMBER

(408) 5090951

FAX NUMBER (optional)

E-MAIL (optional)

STREET ADDRESS

[Redacted]

CITY

San Jose

STATE

CA

ZIP CODE

95127

OFFICE SOUGHT (POSITION TITLE)

Mayor

AGENCY NAME

City of San Jose

DISTRICT NUMBER, if applicable

NA

NON-PARTISAN PARTY:

OFFICE JURISDICTION

State (Complete Part 2)

City County Multi-County:

NA

(Name of Multi-County Jurisdiction)

2014

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

2014 Primary/general election
(Year of Election)

2014 Special/runoff election
(Year of 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:

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

Executed on 08/22/2012
(month, day, year)

Signature

[Handwritten Signature: Louis Garza]

(Candidate)