

Candidate Intention Statement

Check One: ☒ Initial

☐ Amendment (Explain) _____

Date Stamp	CALIFORNIA FORM 501
RECEIVED AUG 17 2022	For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

MORROW Steven L

DAYTIME TELEPHONE NUMBER

(209) 345-1995

FAX NUMBER (optional)

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EMAIL (optional)

MY68LS.SM@gmail.com

STREET ADDRESS

615 Bronze Ln

CITY

Waterford

STATE

CA

ZIP CODE

95386

OFFICE SOUGHT (POSITION TITLE)

City Council

AGENCY NAME

City of Waterford

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN OFFICE

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City

☐ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

PARTY PREFERENCE:

☐ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

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

Aug. 16, 2022
(month, day, year)

Signature


(Candidate)