Candidate Intention Statement	Date Stamp	CALIFORNIA 501
Check One:	189 AUG 12 PM 1:52	For Official Use Only
1. Candidate Information:	CITY OF LACTIMA REQUES	
NAME OF CANDIDATE (Last, First Middle Initial) RAPDACC AARUW MURTUR ()	FAX NUMBER (optional) EMAIL ()	(optional)
CITY CITY	STATE ZID CO	DDE
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME	DISTRICT NUMBER, if applicable.	DN-PARTISAN OFFICE
City CUMNCII City UT LAJUNG NIGHE	PART	Y PREFERENCE:
OFFICE JURISDICTION		(Check one box, if applicable.)
State (Complete Part 2.)		PRIMARY / GENERAL
City County Multi-County: (Name of Multi-County Jurisdiction)	(Year of Election)	SPECIAL / RUNOFF
 ☐ 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 ceiling for the general or special run-off election. 	on/ and I acce	pt the voluntary expenditure ///
(Mark if applicable) On,/I contributed personal funds in excess of the expenditure ceil	ling for the election stated above	N/A
3. Verification:	inig for the discussive takes above	·
I certify under penalty of perjury under the laws of the State of California that the foreg		
Executed on US-12-2022 Signature RMW Am My (Candidate)	M	
(month, day, year) (Candidate)		FPPC Form 501 (August/2)