

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501 For Official Use Only
_____ _____	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Placencia Linda E. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED] EMAIL (optional) [REDACTED]
 STREET ADDRESS [REDACTED] CITY Livingston STATE Calif. ZIP CODE 95334
 OFFICE SOUGHT (POSITION TITLE) Councilmember AGENCY NAME City of Livingston Co. DISTRICT NUMBER, if applicable: [REDACTED] NON-PARTISAN OFFICE
 OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction)
 PARTY PREFERENCE: (Check one box, if applicable.) PRIMARY / GENERAL SPECIAL / RUNOFF
 Year of Election: 2022

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 12, 2022
(month, day, year)

Signature Linda E. Placencia
(Candidate)