

Candidate Intention Statement

CITY OF STANTON

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

Date Stamp
JUL 28 2020

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Normand, DeWayne A

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

City of Stanton Councilmember District 2

AGENCY NAME

City of Stanton

DISTRICT NUMBER, if applicable: NON-PARTISAN OFFICE

2

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County:

Stanton

(Name of Multi-County Jurisdiction)

2020

(Year of Election)

PARTY PREFERENCE:
(Check one box, if applicable.)

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 information provided is true and correct.

Executed on

07 21 2020

(month, day, year)

Signature