

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
<i>[Handwritten: 10/6/22]</i>	
For Official Use Only	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) *SS STEVEN Garver, Steven* DAYTIME TELEPHONE NUMBER *[Redacted]* FAX NUMBER (optional) *()* EMAIL (optional)

[Redacted] CITY *[Redacted]* STATE *CA* ZIP CODE *93221*

OFFICE SOUGHT (POSITION TITLE) *City Council* AGENCY NAME *City of Exeter* DISTRICT NUMBER, if applicable. 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

2022 (Year of Election)

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 *6 October 2022* (month, day, year) Signature *[Handwritten Signature]* (Candidate)