

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp	CALIFORNIA FORM 501
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2015 JAN -7 A 11:20	

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) **MONTOYA, RICKK** DAYTIME TELEPHONE NUMBER **(714) 390-5179** FAX NUMBER (optional) **(714) 591-5300** E-MAIL (optional) **rickmontoyagg@gmail.com**

STREET ADDRESS **12611 CARDINAL AVENUE** CITY **GARDEN GROVE** STATE **CA** ZIP CODE **92843**

OFFICE SOUGHT (POSITION TITLE) **CITY OF GARDEN GROVE** DISTRICT NUMBER, if applicable, NON-PARTISAN PARTY:

CITY COUNCIL MEMBER OFFICE JURISDICTION **CITY OF GARDEN GROVE** **6**

State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ 2016 (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.)

(Year of Election) **Special/runoff election**

(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 **01/05/16** Signature _____
(month, day, year) (Candidate)