

Candidate Intention Statement

Date Stamp
RECEIVED
 AUG 08 2024
 CITY OF MARTINEZ
 CITY CLERKS OFFICE

CALIFORNIA FORM 501
 For Official Use Only

Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)
 YOUNG GREGORY

DAYTIME TELEPHONE NUMBER
 [REDACTED]

FAX NUMBER (optional)
 [REDACTED]

STREET ADDRESS
 [REDACTED]

STATE _____ ZIP CODE _____

OFFICE SOUGHT (POSITION TITLE)
 Councilmember, City of Martinez

AGENCY NAME
 City of Martinez

DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE
 2

OFFICE JURISDICTION
 State (Complete Part 2.) County Multi-County: _____
 City

PARTY PREFERENCE:
 (Check one box, if applicable.)
 PRIMARY / GENERAL SPECIAL / RUNOFF
 2024 (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 AUGUST 8 2024 (month, day, year)
 Signature [Signature] (Candidate)