

Candidate Intention Statement

Date Stamp RECEIVED JUL 16 2024 <i>js</i> CITY OF LINCOLN	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) BERSAMIN, ANTHONY C DAYTIME TELEPHONE NUMBER _____ FAX NUMBER (optional) _____ EMAIL (optional) _____

STREET ADDRESS _____ CITY LINCOLN STATE CA ZIP CODE 95648

OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL AGENCY NAME _____ DISTRICT NUMBER, if applicable. # 3 NON-PARTISAN OFFICE

OFFICE JURISDICTION _____ (Check one box, if applicable.)

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

AGENCY NAME LINCOLN (Name of Multi-County Jurisdiction) YEAR OF ELECTION 2024 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 foregoing is true and correct.

Executed on 07/16/24
(month, day, year)

Signature *Anthony Bersamin*
(Candidate)