

Candidate Intention Statement

**FILED THIS DATE IN THE OFFICE
OF THE CITY CLERK OF THE COUNTY OF CHINO**

CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain) _____

OCT 17 2017

an

City Clerk,

Deputy City Clerk,

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Ulloa, Eunice M.	(909) 627-4957	()	
STREET ADDRESS	CITY	STATE	ZIP CODE
11636 Vernon Avenue	Chino	CA	91710
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN
Mayor	City of Chino		PARTY:
OFFICE JURISDICTION			2020
<input type="checkbox"/> State (Complete Part 2.)			(Year of Election)
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County:	(Name of Multi-County Jurisdiction)		

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) **Primary/general election** _____
(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 October 12, 2017
(month, day, year)

Signature _____