

Candidate Intention Statement

Date Stamp RECEIVED AUG - 5 2020 City Clerk's Office City of Los Alamitos CALIFORNIA FORM 501 For Official Use Only

Check One: [X] Initial [ ] Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Hallman, Katie Kate DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) ( ) EMAIL (optional) [REDACTED] CITY Los Alamitos STATE CA ZIP CODE 90720 OFFICE SOUGHT (POSITION TITLE) Council Member AGENCY NAME City of Los Alamitos DISTRICT NUMBER, if applicable, 2 [X] NON-PARTISAN OFFICE OFFICE JURISDICTION [X] City [ ] County [ ] Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) 2020 (Year of Election) [X] 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 8/5/2020 (month, day, year)

Signature [REDACTED]