

Candidate Intention Statement

Date Stamp
CALIFORNIA FORM 501
For Official Use Only
AUG 01 2022
City Clerk's Office
City of Los Alamitos

Check One: [] Initial [] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) EMILY HIBARD
DAYTIME TELEPHONE NUMBER
FAX NUMBER (optional)
EMAIL (optional)
STREET ADDRESS
CITY STATE ZIP CODE
OFFICE Sought (POSITION TITLE) MEMBER OF CITY COUNCIL
AGENCY NAME LOS ALAMITOS
DISTRICT NUMBER, if applicable: 5
NON-PARTISAN OFFICE
OFFICE JURISDICTION: [] State (Complete Part 2.) [] City [] County [] Multi-County:
PARTY PREFERENCE: (Check one box, if applicable.) [] 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

Executed on 8/1/22 (month, day, year)

Signature [Redacted]