

Candidate Intention Statement

RECEIVED Date Stamp JUN 22 2020 Office of the City Clerk CALIFORNIA FORM 501 For Official Use Only

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

1. Candidate Information:

NAME OF CANDIDATE: Franco Pamela G; DAYTIME TELEPHONE NUMBER: [REDACTED]; FAX NUMBER: [REDACTED]; EMAIL: [REDACTED]; STREET ADDRESS: [REDACTED]; CITY: Turlock; STATE: CA; ZIP CODE: 95382; OFFICE SOUGHT: Turlock City Council; AGENCY NAME: City of Turlock; DISTRICT NUMBER: 4; NON-PARTISAN OFFICE: [X]; PARTY PREFERENCE: [X] PRIMARY / GENERAL; OFFICE JURISDICTION: [X] City; Year of Election: 2020

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 06-20-2020 (month, day, year) Signature Pamela G. Franco (Candidate)