

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

RECEIVED Date Stamp AUG -7 2020 Office of the City Clerk CALIFORNIA FORM 501 For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) WEGNER RUBEN T DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () EMAIL (optional) [REDACTED] STREET ADDRESS [REDACTED] CITY TURLOCK STATE CA ZIP CODE 95380 OFFICE SOUGHT (POSITION TITLE) MEMBER, CITY COUNCIL AGENCY NAME CITY OF TURLOCK DISTRICT NUMBER, if applicable. 2 OFFICE JURISDICTION OFFICE JURISDICTION [X] City [] County [] Multi-County: (Name of Multi-County Jurisdiction) PARTY PREFERENCE: REPUBLICAN (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 08/07/2020 (month, day year)

Signature [Signature] (Candidate)