

# Candidate Intention Statement

Date Stamp  
**RECEIVED**  
in the office of the Secretary of  
of the State of California  
MAR 24 2022

**CALIFORNIA FORM 501**  
For Official Use Only  
MAR 29 2022  
LOCAL  
City of Turlock  
Administrative Services

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) AMY BUBLAK	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ( - ) -	EMAIL (optional) [REDACTED]
STREET ADDRESS [REDACTED]	CITY TURLOCK	STATE CA	ZIP CODE 95382
OFFICE SOUGHT (POSITION TITLE) TURLOCK CITY MAYOR	AGENCY NAME CITY OF TURLOCK	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		2022 (Year of Election)	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 3/21/2022  
(month, day, year)

Signature \_\_\_\_\_