

Candidate Intention Statement

Date Stamp RECEIVED FEB - 3 2020 Office of the City Clerk	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) ADDED ELECTION YEAR

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) GIL ESQUER		DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ()	EMAIL (optional) [REDACTED]
STREET ADDRESS [REDACTED]		CITY TURLOCK	STATE CA	ZIP CODE 95380
OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL	AGENCY NAME CITY OF TURLOCK	DISTRICT NUMBER, if applicable. 2	<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)		2020 (Year of Election)	(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.

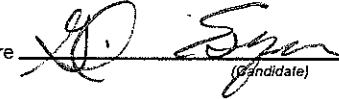
(Mark if applicable)

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 2/3/20
(month, day, year)

Signature 
(Candidate)