

# Candidate Intention Statement

Date Stamp	CALIFORNIA FORM <b>501</b>
For Official Use Only	

Check One:  Initial  Amendment (Explain)

CITY CLERK OFFICE

2024 JUL 29 A 11:52

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Rock, Dawn M.	(626 ) 233-4284	( )	
STREET ADDRESS	CITY	STATE	ZIP CODE
██████████	Monterey Park	CA	91754
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
City Council	City of Monterey Park	District 2	PARTY PREFERENCE:
OFFICE JURISDICTION	(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)	<input type="checkbox"/> PRIMARY / GENERAL		
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	<input type="checkbox"/> SPECIAL / RUNOFF		
	(Name of Multi-County Jurisdiction)	2024	(Year of Election)

## 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 7/29/24  
(month, day, year)

Signature   
(Candidate)