Candidate Intention Statement

Date Stamp	CALIFORNIA FORM **501**
	For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Edwin Castro	(562) 449-5039	( )	edwincastro191@gmail.com

STREET ADDRESS	CITY	STATE	ZIP CODE
39415 Ardenwood Way Unit 364	Lale Elsinore	CA	92532

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	☐ NON-PARTISAN
Council Member	City Council		PARTY: Republican

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: Lake Elsinore (Name of Multi-County Jurisdiction) 2016 (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.)

2016 (Year of Election) ***Primary/general election*** _____ (Year of Election) ***Special/runoff election***

(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 07/20/2016 *(month, day, year)*, Signature [redacted] *(Candidate)*