

# Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment  
(Explain)



CALIFORNIA FORM 501  
For Official Use Only

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)  
Sellers Vickie A (951) 743 6121 ( ) angelsrrc@icloud.com  
STREET ADDRESS CITY STATE ZIP CODE  
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. ☐ NON-PARTISAN OFFICE  
City Clerk PARTY PREFERENCE:  
OFFICE JURISDICTION (Check one box, if applicable.)  
☐ State (Complete Part 2.) ☒ City ☐ County ☐ Multi-County: (Name of Multi-County Jurisdiction) 2024 (Year of Election) ☒ PRIMARY / GENERAL ☐ 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 08/01/2024  
(month, day, year)

Signature Vickie A Sellers  
(Candidate)