

Candidate Intention Statement

Check One: Initial Amendment
(Explain)



1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Sellers Vickie A

STREET ADDRESS

OFFICE SOUGHT (POSITION TITLE)

City Clerk

OFFICE JURISDICTION

State (Complete Part 2.)

City

County

Multi-County:

AGENCY NAME

DAYTIME TELEPHONE NUMBER

(951) 543 6191

CITY

FAX NUMBER (optional)

STATE

EMAIL (optional)

ZIP CODE

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

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)