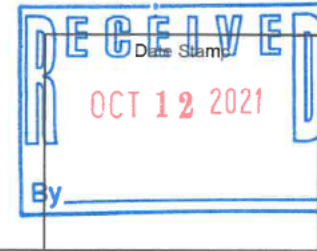


Candidate Intention Statement



CALIFORNIA FORM 501 For Official Use Only

Check One: [X] Initial [ ] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE: LOPEZ-TAFF, MARIJANE FIEL (JANE TAFF)
DAYTIME TELEPHONE NUMBER: [REDACTED]
FAX NUMBER (optional): ( )
EMAIL (optional): [REDACTED]
STREET ADDRESS: [REDACTED]
CITY: CITRUS HEIGHTS
STATE: CA
ZIP CODE: 95610
OFFICE SOUGHT (POSITION TITLE): CITY COUNCIL MEMBER
AGENCY NAME: CITY OF CITRUS HEIGHTS
DISTRICT NUMBER, if applicable: DISTRICT 2
NON-PARTISAN OFFICE: [X]
PARTY PREFERENCE: [ ]
OFFICE JURISDICTION: [X] City [ ] County [ ] Multi-County:
Year of Election: 2022
PRIMARY / GENERAL: [X]
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 10 12 2021 Signature [Handwritten Signature]
(month, day, year) (Candidate)

Candidate Intention Statement



CALIFORNIA FORM 501 For Official Use Only

Check One: [X] Initial [ ] Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) LOPEZ-TAFF, MARIJANE FIEL (JANE TAFF)
DAYTIME TELEPHONE NUMBER [REDACTED]
FAX NUMBER (optional) ( )
EMAIL (optional) [REDACTED]
STREET ADDRESS [REDACTED]
CITY CITRUS HEIGHTS
STATE CA
ZIP CODE 95610
OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL MEMBER
AGENCY NAME CITY OF CITRUS HEIGHTS
DISTRICT NUMBER, if applicable, DISTRICT 2
NON-PARTISAN OFFICE [X]
PARTY PREFERENCE:
OFFICE JURISDICTION
[ ] State (Complete Part 2.)
[X] City [ ] County [ ] Multi-County: \_\_\_\_\_
2022 (Year of Election)
[ ] 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 10 12 2021 (month, day, year)

Signature [Handwritten Signature] (Candidate)