

# Candidate Intention Statement

RECEIVED

Date Stamp <b>AUG 29 2022</b>	<b>CALIFORNIA FORM 501</b>
<b>CITY CLERK CITY OF EMERYVILLE</b>	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)	EMAIL (optional)
Priforce, Kalimah	( 347 ) 985-0365	( )	kapriforce@gmail.com
STREET ADDRESS	CITY	STATE	ZIP CODE

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
City Council Member	Emeryville City Council		PARTY PREFERENCE: Democrat

OFFICE JURISDICTION (Check one box, if applicable.)

<input type="checkbox"/> State (Complete Part 2.)	2022	<input type="checkbox"/> PRIMARY / GENERAL
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)	(Year of Election)	<input type="checkbox"/> 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 information provided is true and correct.

Executed on 8/29/22 Signature \_\_\_\_\_  
(month, day, year)