Candidate Intention Statement

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CALIFORNIA FORM **501**
For Official Use Only

Check One: ☑ Initial ☐ Amendment (Explain) _____

By: _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial): Stone, Charles J

DAYTIME TELEPHONE NUMBER: [redacted]

FAX NUMBER (optional): ( )

EMAIL (optional):

STREET ADDRESS: [redacted]

CITY: Citrsu Heights

STATE: CA

ZIP CODE: 95610

OFFICE SOUGHT (POSITION TITLE): City Council

AGENCY NAME: Citrus Heights

DISTRICT NUMBER, if applicable.: 2

☑ NON-PARTISAN OFFICE

PARTY PREFERENCE:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☑ City ☐ County ☐ Multi-County: Citrus Heights (Name of Multi-County Jurisdiction)

2026 (Year of Election)

(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 7/16/2026 *(month, day, year)*

Signature [redacted] *(Candidate)*