Candidate Intention Statement

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CITY OF SEAL BEACH

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BY: [redacted]

CALIFORNIA FORM **501**
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Check One: ☑ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Mendoza, Perla G	[redacted]	( )	[redacted]

STREET ADDRESS	CITY	STATE	ZIP CODE
[redacted]	Seal Beach	CA	90740

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	☑ NON-PARTISAN OFFICE / PARTY PREFERENCE:
Seal Beach City Council	City of Seal Beach	1	

OFFICE JURISDICTION

☐ State (Complete Part 2.)
☑ City ☐ County ☐ Multi-County: _____ (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 06/15/2026 (month, day, year)

Signature [redacted] (Candidate)