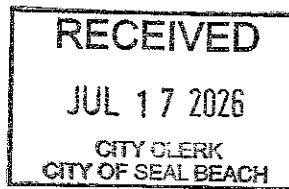


Candidate Intention Statement



Date Stamp	CALIFORNIA FORM 501
RECEIVED JUN 15 2026	For Official Use Only
BY: <i>LB</i>	

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
Seal Beach City Council	City of Seal Beach	1	PARTY PREFERENCE:
OFFICE JURISDICTION	(Check one box, if applicable.)		
☐ State (Complete Part 2.)	☒ PRIMARY / GENERAL		
☒ City ☐ County ☐ Multi-County: _____	☐ SPECIAL / RUNOFF		
	(Name of Multi-County Jurisdiction)	2026	(Year of Election)

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)