

Candidate Intention Statement

RECEIVED Date Stamp CITY CLERK'S OFFICE AUG 05 2026 CITY OF SAND CITY	CALIFORNIA FORM 501 For Official Use Only
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Check One: ☒ Initial ☐ Amendment
(Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Mary Ann Carbone</u>	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ()	EMAIL (optional) [REDACTED]
STREET ADDRESS [REDACTED]	CITY <u>Sand City</u>	STATE <u>CA</u>	ZIP CODE <u>93955</u>
OFFICE SOUGHT (POSITION TITLE) <u>Mayor</u>	AGENCY NAME <u>City of Sand City</u>	DISTRICT NUMBER, if applicable.	☐ NON-PARTISAN OFFICE
OFFICE JURISDICTION ☐ State (Complete Part 2.) ☒ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)		PARTY PREFERENCE: (Check one box, if applicable.) ☒ PRIMARY / GENERAL ☐ SPECIAL / RUNOFF	
		<u>2026</u> (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 August 5, 2026 Signature Mary Ann Carbone
(month, day, year) (Candidate)