	1	30
Candidate Intention Statement	Date Starr	california 501
Shoots See July 1	AUS 07 2	024 For Official Use Only
Check One: Initial Amendment (Explain)	CITY MG	
	CLERK DE	PT
1. Candidate Information:	Ornan	
NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Criss, Heather M	()	
STREET ADDRESS CITY	STATE CA-	9548Z
City Courcil City of UKian OFFICE SOUGHT (POSITION TITLE) AGENCY NAME	DISTRICT NUMBER, if applicable	
City Conscil	*	PARTY PREFERENCE:
OFFICE JUNISDICTION		(Check one box, if applicable.)
State (Complete Part 2.)	2024	PRIMARY / GENERAL
City County Multi-County: (Name of Multi-County Jurisdiction)	(Year of Ele	ction) 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 oning for the general or special run-off election.	and I a	accept the voluntary expenditure cell-
(Mark if applicable)		
On I contributed personal funds in excess of the expenditure ceiling for	or the election stated abo	ove.
3. Verification:	-	
I certify under penalty of perjury under the laws of the State of California that the foregoing is	s true and correct.	
Executed on 8 3 24 Signature (Candidate)		