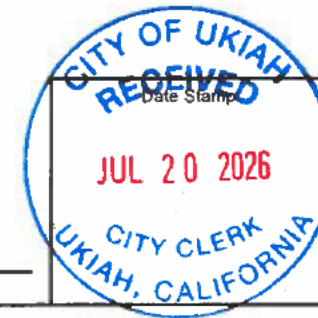


Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment
(Explain)



CALIFORNIA
FORM 501

For Official Use Only

1. Candidate Information: Susan Sher

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
[Redacted]			
STREET ADDRESS	CITY	STATE	ZIP CODE
<u>City Councilmember</u>			
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	☐ NON-PARTISAN OFFICE
<u>City of Ukiah, CA</u>			
OFFICE JURISDICTION	PARTY PREFERENCE:		
☐ State (Complete Part 2.)	(Check one box, if applicable.)		
☒ City ☐ County ☐ Multi-County:	☒ PRIMARY / GENERAL		
(Name of Multi-County Jurisdiction)	☐ 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

7/20/26
(month, day, year)

Signature

[Redacted Signature]
(Candidate)