

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____



CALIFORNIA
FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) ODISHO RAMIN DAYTIME TELEPHONE NUMBER (213) [REDACTED] FAX NUMBER (optional) () N/A EMAIL (optional) raminodisho@sbcglobal.net
STREET ADDRESS [REDACTED] CITY TURLOCK, CA STATE CA ZIP CODE 95382
OFFICE COUNCIL (if applicable) City Council AGENCY NAME City of Turlock DISTRICT NUMBER, if applicable 3 ☒ NON-PARTISAN OFFICE
OFFICE JURISDICTION (Check one box, if applicable.)
☐ State (Complete Part 2.) ☒ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction) 2022 (Year of Election) ☒ 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

8/15/2022
(month, day, year)

Signature

[REDACTED]
(Candidate)