

# Candidate Intention Statement

Date Stamp

**CALIFORNIA  
FORM 501**

For Official Use Only

Check One: ☒ Initial ☐ Amendment  
(Explain)

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Swalwell, Eric M.

DAYTIME TELEPHONE NUMBER

( 916 ) 442-1111

FAX NUMBER (optional)

( )

EMAIL (optional)

STREET ADDRESS

400 Capitol Mall Ste 2400

CITY

Sacramento

STATE

CA

ZIP CODE

95814

OFFICE SOUGHT (POSITION TITLE)

Governor

AGENCY NAME

State of California

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN OFFICE

PARTY PREFERENCE: Democrat

OFFICE JURISDICTION

☒ State (Complete Part 2.)

(Check one box, if applicable.)

☒ PRIMARY / GENERAL☐ City☐ County☐ Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

☐ 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

11/18/2025

(month, day, year)

Signature



(Candidate)

FPPC Form 501 (August/2023)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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