

# Candidate Intention Statement

Date Stamp

CALIFORNIA  
FORM

501

Check One:  Initial  Amendment  
(Explain)

For Official Use Only

## 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)

AGENCY NAME

Governor

State of California

DISTRICT NUMBER, if applicable.

 NON-PARTISAN OFFICE

PARTY PREFERENCE: Democrat

OFFICE JURISDICTION

(Check one box, if applicable.)

 State (Complete Part 2.) 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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