Candidate Intention Statement

Date Stamp	CALIFORNIA FORM **501**
	For Official Use Only
	FOLSOM CITY CLERK'S DEPT 27 JUL '26 PM4:21

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial): KERFELD PAUL J

DAYTIME TELEPHONE NUMBER: (916 838-1119

FAX NUMBER (optional): ( )

EMAIL (optional):

STREET ADDRESS: 700 DECATUR STREET

CITY: Folsom

STATE: CA

ZIP CODE: 95630

OFFICE SOUGHT (POSITION TITLE): FOLSOM City Council

AGENCY NAME: City of Folsom

DISTRICT NUMBER, if applicable: 1

☒ NON-PARTISAN OFFICE

PARTY PREFERENCE:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

(Check one box, if applicable.)

☒ PRIMARY / GENERAL

2026 (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 07/23/2026 (month, day, year)

Signature _____ (Candidate)