

# 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)

Love, Wanda

DAYTIME TELEPHONE NUMBER

( 310 ) 878-4131

FAX NUMBER (optional)

( 310 ) 672-6679

EMAIL (optional)

cine@politicalreportingplus.com

STREET ADDRESS

1 W. Manchester Blvd., Suite 700

CITY

Inglewood

STATE

CA

ZIP CODE

90301

OFFICE SOUGHT (POSITION TITLE)

Mayor

AGENCY NAME

City of Gardena

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION

☐ State (Complete Part 2.)☒ City ☐ County ☐ Multi-County:

(Name of Multi-County Jurisdiction)

(Check one box, if applicable.)

☒ PRIMARY / GENERAL☐ SPECIAL / RUNOFF

2026

(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

MAR 28 2025

(month, day, year)

Signature

Wanda Love

(Candidate)

FPPC Form 501 (August/2018)

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

www.fppc.ca.gov