

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 _____

FPPC Form 501 (August/2018)
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