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CALIFORNIA FORM 501  
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Candidate Intention Statement

Check One:  Initial  Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) AGUILAR, CARLOS J DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED] EMAIL (optional) [REDACTED]

STREET ADDRESS [REDACTED] CITY LAKENWOOD STATE CA ZIP CODE 90712

OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL AGENCY NAME CITY OF LAKENWOOD DISTRICT NUMBER, if applicable. District 2 2  NON-PARTISAN OFFICE

OFFICE JURISDICTION  State (Complete Part 2)  City  County  Multi-County: CITY OF LAKENWOOD (Name of Multi-County Jurisdiction) PARTY PREFERENCE: (Check one box, if applicable.)  PRIMARY / GENERAL  SPECIAL / RUNOFF

Year of Election: 2026

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 02/26/2026 (month, day, year) Signature [REDACTED] (Candidate)