Candidate Intention Statement

Check One: □ Initial  □ Amendment (Explain) ____________________________

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)  ____________________________

DAYTIME TELEPHONE NUMBER  ____________________________

FAX NUMBER (optional)  ____________________________

E-MAIL (optional)  ____________________________

STREET ADDRESS  ____________________________

CITY  ____________________________

STATE  ____________________________

ZIP CODE  ____________________________

OFFICE SOUGHT (POSITION TITLE)  ____________________________

AGENCY NAME  ____________________________

DISTRICT NUMBER, if applicable  ____________________________

NON-PARTISAN  □

PARTY:  ____________________________

OFFICE JURISDICTION  ____________________________

□ State (Complete Part 2.)

□ City  □ County  □ Multi-County:  ____________________________

(Name of Multi-County Jurisdiction)  ____________________________

2. State Candidate Expenditure Limit Statement:

(Ca/PERS and Ca/STRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

<table>
<thead>
<tr>
<th>Primary/general election</th>
<th>Special/runoff election</th>
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<tbody>
<tr>
<td>(Year of Election)</td>
<td>(Year of Election)</td>
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(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 __________/_______/______  ____________________________

(month, day, year)  ____________________________

Signature  ____________________________

(Candidate)  ____________________________

FPPC Form 501 (Jan/2016)

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

www.fppc.ca.gov