Candidate Intention Statement

Check One: ☑ Initial ☐ Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)  Alonso Smith

STREET ADDRESS  City College of San Francisco

OFFICE SOUGHT (POSITION TITLE)  President

AGENCY NAME  California Community College District

DAYTIME TELEPHONE NUMBER  ( )

FAX NUMBER (optional)  

E-MAIL (optional)  

STATE  CA

ZIP CODE  94154

OFFICE JURISDICTION

☐ State (Complete Part 2.)

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

DISTRICT NUMBER, if applicable.

PARTY:

☐ NON-PARTISAN

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

Primary/general election  Special/runoff election

Year of Election

☐ 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  __/__/____

Signature  ____________________________

(Candidate)

FPPC Form 501 (Jan/2016)

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

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