RECEIVED. **Candidate Intention Statement CALIFORNIA** MAY 21 2018 **FORM** Check One: **X** Initial For Official Use Only Amendment (Explain) CITY CLERK 1. Candidate Information: NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional) STATE ZIP CODE 94952 Cirios occorn (reamon miss) DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY: State (Complete Part 2.) ☑ City ☐ County ☐ Multi-County: 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 (Year of Election) Special/runoff election (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: O 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) __/___/, 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.