

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp

CALIFORNIA FORM 501

CITY OF SANTA CLARITA

2013 JUN 17 A 10:31

Check One: [X] Initial [] Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Acosta, Dante
DAYTIME TELEPHONE NUMBER
FAX NUMBER (optional)
E-MAIL (optional)
STREET ADDRESS
CITY STATE ZIP CODE

OFFICE SOUGHT (POSITION TITLE) City Councilman
AGENCY NAME City of Santa Clarita
DISTRICT NUMBER, if applicable.
[] NON-PARTISAN
PARTY:

OFFICE JURISDICTION
[] State (Complete Part 2.)
[X] City [] County [] Multi-County: City of Santa Clarita
2014
(Name of Jurisdiction) (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

(Year of Election) 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:

[] 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:

Executed on 06-01-2013 (month, day, year)

Signature (Candidate)