

LOCAL

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

2017 MAR 6 PM 4:03
CITY CLERKS OFFICE
CITY OF SANTA CLARITA



CALIFORNIA FORM	501
For Official Use Only	

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Miranda, William A. DAYTIME TELEPHONE NUMBER () , () FAX NUMBER (optional) () E-MAIL (optional) _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

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

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ 2018 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not 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 that the foregoing is true and correct.

Executed on 02/09/17
(month, day, year)

Signature _____
(Candidate)