

Candidate Intention Statement

CITY CLERK'S OFFICE
CITY OF SANTA CLARITA
2016 JUL 27 PM 2:25

Date Stamp

CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain) _____

9c COPY

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) NICHOLS, SANDRA DAYTIME TELEPHONE NUMBER _____ FAX NUMBER (optional) _____ E-MAIL (optional) _____

STREET ADDRESS _____

OFFICE SOUGHT (POSITION TITLE) Councilmember City of SANTA CLARITA AGENCY NAME SANTA CLARITA DISTRICT NUMBER, if applicable. _____ NON-PARTISAN

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (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.)

2016 Primary/general election 2016 Special/runoff election
(Year of Election) (Year of 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 7/25/2016 _____ Signature
(month, day, year)