

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Date Stamp: 2015 APR AM 10:17
CITY CLERK'S OFFICE
CITY OF SANTA CLARITA

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Smyth, Cameron DAYTIME TELEPHONE NUMBER () () FAX NUMBER (optional) () E-MAIL (optional)

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME Santa Clarita DISTRICT NUMBER, if applicable. n/a NON-PARTISAN PARTY:

OFFICE JURISDICTION State (Complete Part 2) City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ 2016 (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 that the foregoing is true and correct.

Executed on 4/19/16
(month, day, year)

Signature _____
(Candidate)