

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Date Stamp

RECEIVED JUN 16 2010 SLO CITY CLERK

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

1. Candidate Information:

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

OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. [X] NON-PARTISAN PARTY:

OFFICE JURISDICTION [ ] State (Complete Part 2.) [X] City [ ] County [ ] Multi-County: (Name of Multi-County 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.)

Primary/general election Special/runoff 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 6-16-2010 Signature (month, day, year) (Candidate)