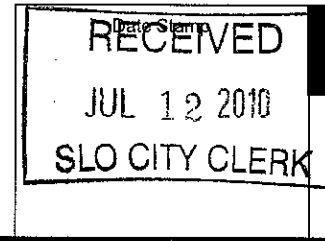


Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT



Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) MOHAN, TERRY DAYTIME TELEPHONE NUMBER (805) 547-9733 FAX NUMBER (optional) E-MAIL (optional) STREET ADDRESS CITY STATE ZIP CODE OFFICE SOUGHT (POSITION TITLE) COUNCIL MEMBER AGENCY NAME DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY: 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 candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

Primary/general election (Year of 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 7/12/10 (month, day, year) Signature (Candidate)