

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____



1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) M^S ETCAIN STANLY D DAYTIME TELEPHONE NUMBER 530 877 2695 FAX NUMBER (optional) _____ E-MAIL (optional) _____

STREET ADDRESS 70 wayland CITY Wayland STATE CA ZIP CODE 95969

OFFICE SOUGHT (POSITION TITLE) Town Council AGENCY NAME _____ 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.)

(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 Aug 10 2016 Signature _____
(month, day, year) (Candidate)