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CITY OF SANTA MARIA

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp	CALIFORNIA FORM 501 For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) CORDERO, MIKE R. DAYTIME TELEPHONE NUMBER (805) 310-1334 FAX NUMBER (optional) () E-MAIL (optional) MIKE@AOL.COM

STREET ADDRESS 1324 RUBY CT. CITY CITY OF SANTA MARIA STATE _____ ZIP CODE _____

OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL AGENCY NAME CITY OF SANTA MARIA 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 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 8-5-16
(month, day, year)

Signature [Handwritten Signature]
(Candidate)

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov