

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT CALIFORNIA FORM 501 For Official Use Only

2017 MAR 20 AM 10 24

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

1. Candidate Information:

CITY CLERK'S OFFICE CITY OF SANTA MARIA

NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional) Cordero, Mike STREET ADDRESS CITY STATE ZIP CODE Santa Maria CA 93456 OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. [X] NON-PARTISAN City Council Member City of Santa Maria PARTY: OFFICE JURISDICTION [] State (Complete Part 2) [X] City [] County [] Multi-County: (Name of Multi County Jurisdiction) 2020 (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.)

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 Calif

Executed on 3-13-17 (month, day, year)

Sign

