

Candidate Intention Statement

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CALIFORNIA FORM 501

For Official Use Only

2017 MAR 28 PM 3 35

Check One: 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)
Patino, Alice	(805) 934-5737	()
STREET ADDRESS	CITY	STATE ZIP CODE
2624 Airpark Drive	Santa Maria	CA 93455
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable. <input checked="" type="checkbox"/> NON-PARTISAN
Mayor	City of Santa Maria	PARTY:
OFFICE JURISDICTION		2020 (Year of Election)
<input type="checkbox"/> State (Complete Part 2)	<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)	

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

Executed on 3-24-2017
(month, day, year)

Signature _____



