

Candidate Intention Statement

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FILED

CANDIDATE INTENTION STATEMENT

JUL 26 2013

For Official Use Only

CITY OF SANTA MARIA
BY: [Signature] City Clerk

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (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. [X] NON-PARTISAN
Mayor City of Santa Maria
OFFICE JURISDICTION
[] State (Complete Part 2.)
[X] City [] County [] Multi-County: (Name of Multi-County Jurisdiction) 2016 (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) (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 7/26/2013 (month, day, year) Signature [Redacted] (Candidate)