

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Check One: [x] Initial [ ] Amendment (Explain) \_\_\_\_\_

2014 MAY 27 PM 2 03

CITY CLERK'S OFFICE
CITY OF SANTA MARIA

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Waterfield, Etta
DAYTIME TELEPHONE NUMBER
FAX NUMBER (optional)
E-MAIL (optional)
STREET ADDRESS
CITY Santa Maria
STATE CA
ZIP CODE 93454
OFFICE SOUGHT (POSITION TITLE) City Council Member
AGENCY NAME
DISTRICT NUMBER, if applicable. 0
NON-PARTISAN [x]
OFFICE JURISDICTION
[ ] State (Complete Part 2.)
[x] City [ ] County [ ] Multi-County: Santa Maria
2014 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CALSTRS candidates, judges, judicial candidates, and candidates for local offices are not required to 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 California that \_\_\_\_\_

Executed on 5.21.14 (month, day, year)

Signature