

Candidate Intention Statement

Type or Print in Ink.

Date Stamp

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

RECEIVED

Check One: [ ] Initial [x] Amendment (Explain) amend for 2018 election

2014 NOV 18 PM 12 21

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Waterfield, Etta
DAYTIME TELEPHONE NUMBER
FAX NUMBER (Optional)
CITY CLERK'S OFFICE
CITY OF SANTA MARIA
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 (Name of Jurisdiction)
2018 (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

(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 11-10-14 (month, day, year)

Signature

FPPC Form 501 (April/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)