

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

28 DEC 2018 AM 10:27 CITY CLERK'S OFFICE

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional) Waterfield, Etta ( 805 ) 714-1379 ( 805 ) 349-9170 [REDACTED] STREET ADDRESS CITY STATE ZIP CODE [REDACTED] Santa Maria CA 93454 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) 2022 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CaIPERS and CaISTRS 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

Executed on 12-28-18 (month, day, year)

Signature [REDACTED]