

Candidate Intention Statement

Date Stamp CITY OF CAPITOLA CITY CLERK JUL 18 2018	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Brooks, Yvette L. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () E-MAIL (optional)

STREET ADDRESS [REDACTED] CITY Capitola STATE CA ZIP CODE 95010

OFFICE POSITION (COMMON TITLE) City Council Member AGENCY NAME City of Capitola DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY:

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2018 (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.)

 (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 that the foregoing is true and correct.

Executed on July 18, 2018
 (month, day, year)

Signature [Signature]
 (Candidate)