

Candidate Intention Statement

Check One: Initial

Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Storey

DAYTIME TELEPHONE NUMBER

(831) 607-1037

FAX NUMBER (optional)

(831) 607-1036

E-MAIL (optional)

samforcapitola@yahoo.com

STREET ADDRESS

314 Capitola Ave.

CITY

Capitola

STATE

CA

ZIP CODE

95010

OFFICE SOUGHT (POSITION TITLE)

Capitola City Council

AGENCY NAME

City of Capitola

DISTRICT NUMBER, if applicable.

PARTY: Democratic

NON-PARTISAN

State (Complete Part 2)

City County Multi-County:

(Name of Multi-County Jurisdiction)

2018

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CALIFERS 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 7 2018
(month, day, year)

Signature

(Candidate)

CITY OF CAPITOLA
Date Stamp
CITY CLERK
JUL 09 2018

CALIFORNIA
FORM
501

For Official Use Only

Candidate Intention Statement

CITY OF CAPITOLA
C Dale Starnik

JUL 16 2018

CALIFORNIA
FORM 501

For Official Use Only

Check One: Initial

Amendment (Explain)

Adm Post name

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle-Initial) Starnik, Dale DAYTIME TELEPHONE NUMBER (831) 607-1037 FAX NUMBER (optional) (831) 607-1036 EMAIL (optional) starnicapitolac@capitolac.com

STREET ADDRESS 3141 Capitola Ave. AGENCY NAME City of Capitola CITY Capitola STATE CA ZIP CODE 95012

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME City of Capitola CITY Capitola STATE CA DISTRICT NUMBER, if applicable. 95012 PARTY: NON-PARTISAN

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

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 16, 2018
(month, day, year)

Signature [Signature]
(Candidate)