Candidate Intention Statement

Check One: ☐ Initial ☐ Amendment (Explain) ________________

1. Candidate Information:

NAME OF CANDIDATE: (Last, First, Middle Initial) FRANCISCO J. ESPINZA
DAYTIME TELEPHONE NUMBER: 707-247-6899
FAX NUMBER (optional): _______
E-MAIL (optional): ________________

STREET ADDRESS: 170 Monterey Ave
CITY: CAPITOLA
STATE: CA
ZIP CODE: 95010

OFFICE, SOUGHT (POSITION TITLE): CITY COUNCIL
AGENCY NAME: CITY OF CAPITOLA

DISTRIBUTION, if applicable: ________________

OFFICE JURISDICTION:
☐ State (Complete Part 2.)
☐ City ☐ County ☐ Multi-County: __________________________

(Name of Multi-County Jurisdiction)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS 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)

☐ 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.

☐ 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 ___/____/____ (month, day, year)

Signature: ________________________________ (Candidate)

FPPC Form 501 (Jan/2016)

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