Candidate Intention Statement

Check One: ☑ Initial  ☐ Amendment (Explain) ________________________________

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Bob Edgren
STREET ADDRESS 204 Monterey Ave.
CITY Capitola
OFFICE JURISDICTION City Council
OFFICE SOUGHT (POSITION TITLE) City Council
AGENCY NAME

DAYTIME TELEPHONE NUMBER (831) 402-2411
FAX NUMBER (optional) (831) 477-2040
E-MAIL (optional) agrenz@yahoo.com
STATE CA
ZIP CODE 95010

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 runoff 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 8/17/16 (month, day, year) Signature __________________________ (Candidate)

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CITY OF CAPITOLA
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FPPC Form 501 (Jan/2016)
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