

# Candidate Intention Statement

Date Stamp <b>AUG 17 2016</b> CITY OF CAPITOLA CITY OF	<b>CALIFORNIA</b> <b>FORM 501</b>  For Official Use Only
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Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>Bob Edgren</u>	DAYTIME TELEPHONE NUMBER <u>(831) 402-2111</u>	FAX NUMBER (optional) <u>(831) 477-2040</u>	E-MAIL (optional) <u>agren7@yahoo.com</u>
STREET ADDRESS <u>204 Monterey Ave.</u>	CITY <u>Capitola</u>	STATE <u>CA</u>	ZIP CODE <u>95010</u>
OFFICE SOUGHT (POSITION TITLE) <u>City Council</u>	AGENCY NAME <u>City of Capitola</u>	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)	<u>2016</u> (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 8/17/16  
(month, day, year)      Signature [Signature]  
(Candidate)