Candidate Intention Statem  Check One: ⊠ Initial □				APR 0 CITY OF (	7 2016 CAPITOLA	CALIFORNIA 501 FORM 501
1. Candidate Information:						
NAME OF CANDIDATE (Last, First, Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMB	ER (optional)	E-MAIL (or	otional)
Petersen, Kristen M			( )		kristen(	@genriseleaders.com
STREET ADDRESS		CITY		STATE	ZIP CODE	
207 Oakland Ave, #2		Capitola		CA	95010	
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME		DIS	TRICT NUMBER,	if applicable.	NON-PARTISAN
City Council Member	City of Capitola	1			F	PARTY:
OFFICE JURISDICTION						
State (Complete Part 2.)						
☑ City ☐ County ☐ Multi-Cou	inty:	(Name of Multi-County Jurisdiction)		(Year of	Election)	
(Check one box)  I accept the voluntary expenditure  Amendment:  I did not exceed the expenditure  the general or special run-or	e ceiling for the election state that the ceiling for the election state that the ceiling for the election state that the ceiling in the primary		1	_ and I accep	t the volunta	ary expenditure ceiling for
(Mark if applicable)  On/, I contribute	ed personal funds in exces	ss of the expenditure ceiling for the	election st	ated above.		
3. Verification:						
Executed on April 7th, 2010 (month, day, year)		ate of California that the foregoin	g is true a	and correct.		FPPC Form 501 (Jan/

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov