Candidate Intention Statement

Check One:  ✔ Initial  □ Amendment  (Explain)  

1. Candidate Information:

- NAME OF CANDIDATE: [Last, First, Middle Initial]  
- STREET ADDRESS:  
  105 Escondido Dr.  
- OFFICE JURISDICTION: [Name of Multi-County Jurisdiction]  
- OFFICE Sought: [Position Title]  
- AGENCY NAME:  
- CITY:  
- STATE: CA  
- ZIP CODE: 95010  
- DAYTIME TELEPHONE NUMBER: (831) 607-1037  
- FAX NUMBER (optional): (831) 607-1036  
- E-MAIL: samjncapitol@yahoo.com

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  
- Special/runoff 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.

(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 Sept. 23, 2016  

Signature  

(Candidate)

FPPC Form 501 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov
## Statement of Organization
### Recipient Committee

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**

**Sam Storey for Capitola Council 2016**

- All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union Bank</td>
<td>(831)464-6622</td>
<td>0041906315</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>601 Bay Avenue</td>
<td>Capitola</td>
<td>CA</td>
<td>95010</td>
</tr>
</tbody>
</table>

### 4. Type of Committee

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.

- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

| Primarily Formed Committee | Primarily formed to support or oppose specific candidates or measures in a single election. List below: |

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
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<tr>
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<td>OPPOSE</td>
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<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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FPPC Form 410 (Jan/2016)
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