

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp	CALIFORNIA FORM 501
SEP 23 2016 CITY OF CAPITOLA CITY CLERK	For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>Sam Storey</u>	DAYTIME TELEPHONE NUMBER <u>(831) 607-1037</u>	FAX NUMBER (optional) <u>831) 607-1036</u>	E-MAIL (optional) <u>sam@capitolca.gov</u>
STREET ADDRESS <u>705 Escabina Dr.</u>	CITY <u>Capitola</u>	STATE <u>CA</u>	ZIP CODE <u>95010</u>
OFFICE SOUGHT (POSITION TITLE) <u>Capitola City Council</u>	AGENCY NAME <u>Capitola</u>	DISTRICT NUMBER, if applicable.	<input 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 Sept. 23, 2016 Signature _____
(month, day, year) (Candidate)

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Sam Storey for Capitola Council 2016

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I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Union Bank	AREA CODE/PHONE (831)464-6622	BANK ACCOUNT NUMBER 0041906315	
ADDRESS 601 Bay Avenue	CITY Capitola	STATE CA	ZIP CODE 95010

4. Type of Committee Complete the applicable sections.

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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>