Candidate Intention Statement

Check One:  ☒ Initial  ☐ Amendment (Explain) __________________________

1. Candidate Information:

NAME OF CANDIDATE  (Last, First, Middle Initial)  DAYTIME TELEPHONE NUMBER  FAX NUMBER (optional)  E-MAIL (optional)
Reed, James V (831) 707-4993       

STREET ADDRESS  CITY  STATE  ZIP CODE

OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME  DISTRICT NUMBER, if applicable.  ☐ NON-PARTISAN  PARTY:
Scotts Valley City of Scotts Valley

OFFICE JURISDICTION
☐ State (Complete Part 2.)
☒ City  ☐ County  ☐ Multi-County: ____________________________ (Name of Multi-County Jurisdiction)  2018 (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.)

☐ 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 run-off 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 11/16/16  Signature __________________________ (Candidate)

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