

Candidate Intention Statement

Date Stamp REGISTRATION AND ELECTIONS DIV	CALIFORNIA FORM 501 For Official Use Only
2016 FEB -5 PM 1:44	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

STANISLAUS COUNTY
CLERK-RECORDER

NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)
O'BRIEN, WILLIAM M (209) 765-0989 ()

STREET ADDRESS CITY STATE ZIP CODE

OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. NON-PARTISAN
Board of Supervisors _____ 1 PARTY: _____

OFFICE JURISDICTION
 State (Complete Part 2.) County Multi-County: _____ (Name of Multi-County Jurisdiction) 2016 (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 2/5/16 Signature _____
 (month, day, year) (Candidate)