

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp REGISTRATION AND ELECTIONS DIV	CALIFORNIA FORM 501 <small>For Official Use Only</small>
2017 MAY 10 AM 10:03	

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>Rashmir Gill</u>	DAYTIME TELEPHONE NUMBER <u>(209) 324-1910</u>	FAX NUMBER (optional)	E-MAIL (optional) <u>Rashmirgill0309@gmail.com</u>
STREET ADDRESS [REDACTED]		CITY	STATE ZIP CODE
OFFICE SOUGHT (POSITION TITLE) <u>Auditor-Controller</u>	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)			<u>2018</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 5/9/17
(month, day, year)

Signature [REDACTED]