

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
REGISTRATION AND ELECTIONS DIV	For Official Use Only
2017 JUL -7 AM 11:21	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) SCOTT KUYKENDALL DAYTIME TELEPHONE NUMBER (909) 670.1560 FAX NUMBER () **STANISLAUS COUNTY CLERK - RECORDS** Kuykendallfamily@sbcglobal.net
 STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OFFICE SOUGHT (POSITION TITLE) SUPERINTENDENT, STANISLAUS COUNTY OFFICE OF EDUCATION AGENCY NAME _____ DISTRICT NUMBER, if applicable. NON-PARTISAN
 OFFICE JURISDICTION _____ PARTY: _____

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.)

(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 07/07/2017 Signature _____
 (month, day, year) (Candidate)