

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
REGISTRATION AND ELECTIONS DIV	For Official Use Only
2017 AUG -2 PM 1:47	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Shannon Marie Sanford DAYTIME TELEPHONE NUMBER 209 613-7131 FAX NUMBER (optional) _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OFFICE SOUGHT (POSITION TITLE) Stanislaus County Superintendent of Schools AGENCY NAME _____ DISTRICT NUMBER, if applicable _____ NON-PARTISAN PARTY: _____

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: Stanislaus (Name of Multi-County Jurisdiction) Year of Election: 2018

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 information provided is true and correct.

Executed on 8/1/17 (month, day, year) Signature _____