

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
REGISTRATION AND ELECTIONS DIV	
2016 JAN 27 PM 2:30	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
FLADAGER, BIRGIT A.	(209) 652-4932	()	
STREET ADDRESS	CITY	STATE	ZIP CODE

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN
DISTRICT ATTORNEY	STANISLAUS COUNTY		PARTY:
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.)

(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 1-25-16 Signature _____
(month, day, year)