

Candidate Intention Statement

REGISTRATION AND ELECTIONS DIV	Date Stamp 2016 JAN -8 PM 2: 22	CALIFORNIA FORM 501
		For Official Use Only ✓
STANISLAUS COUNTY CLERK RECORDER		

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <i>Eileen Wyatt Starkman</i>	DAYTIME TELEPHONE NUMBER <i>209-525-9968</i>	FAX NUMBER (optional) ()	E-MAIL (optional) <i>eileenze@yahoo.com</i>
STREET ADDRESS [REDACTED]		CITY [REDACTED]	STATE [REDACTED]
OFFICE SOUGHT (POSITION TITLE) <i>Board of Supervisors</i>	AGENCY NAME <i>Board of Supervisors</i>	DISTRICT NUMBER, if applicable. <i>5</i>	<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)			
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 1/3/16
(month, day, year)

Signature [REDACTED]