Candidate Intention Statement		к UST PAGIGNA ELECTIONS D		501
Check One: Initial		2015 JAN -7 PM	F 05	Only
		— STANISLAUS COL	UNITY	
1. Candidate Information:		- OLEHRIKEOURL	<u> </u>	Control of the Contro
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) ()04) 5 38 - 6 484	E-MAIL (optional) DEMARTIM TO	<u> CV - A</u> CC655. C
CENTY SUBSTITUTE AGENCY NAME		DISTRICT NUMBER, if appl	icable. I NON-PARTISAN PARTY:	·
OFFICE JURISDICTION ☐ State (Complete Part 2.) ☐ City ☑ County ☐ Multi-County:	(Name of Multi-Counly Jurisdiction)	2016 (Year of Election	<u>, , , , , , , , , , , , , , , , , , , </u>	
(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for the calculation) (Check one box) I accept the voluntary expenditure ceiling for the election	Special/runoff election			
☐ I do not accept the voluntary expenditure ceiling for the expendment: ○ I did not exceed the expenditure ceiling in the primathe general or special run-off election.		/ and I accept the	voluntary expenditure ceilin	g for
(Mark if applicable) On, I contributed personal funds in exc	ess of the expenditure ceiling for t	he election stated above.		** <u>.</u>
3. Verification:	· · · · · · · · · · · · · · · · · · ·			and an obtain
I certify under penalty of perjury under the laws of the S Executed on	tate of California that the forego		FPPC F FPPC Advice: advice@fppc.ca.	orm 501 (Jan/2016) .gov (866/275-3772) www.fppc.ca.gov