Candidate Intention Statement

Check One: ☑ Initial   ☐ Amendment (Explain) _____

_____

1. Candidate Information:

STANISLAUS COUNTY CLERK-RECORDER

NAME OF CANDIDATE (Last, First, Middle Initial)
Molina Luis I.

DAYTIME TELEPHONE NUMBER
(209) 681 - 1937

FAX NUMBER (optional)
(209) 892 - 5686

E-MAIL (optional)
Molina4supervisor2016@gmail.com

STREET ADDRESS | CITY | STATE | ZIP CODE
[redacted]

OFFICE SOUGHT (POSITION TITLE)
Board of Supervisors

AGENCY NAME
Stanislaus County

DISTRICT NUMBER, if applicable.
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☐ NON-PARTISAN

PARTY: Democrat

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City ☒ County ☐ 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.)

_____ **Primary/general election**
(Year of Election)

_____ **Special/runoff election**
(Year of 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 ___02/23/2016___, Signature [redacted]
(month, day, year)