

**Candidate Intention Statement**

REGISTRATION AND ELECTIONS DIV	<b>CALIFORNIA FORM 501</b>
2017 AUG 23 PM 1:56	For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First, Middle Initial) ALANIS, JUAN, A DAYTIME TELEPHONE NUMBER (209) 527-2041 FAX NUMBER (optional) ( ) E-MAIL (optional) juanalanisforsheriff@gmail.com

STANISLAUS COUNTY CLERK-RECORDER

OFFICE SOUGHT (POSITION TITLE) STANISLAUS COUNTY SHERIFF-CORONER AGENCY NAME \_\_\_\_\_ DISTRICT NUMBER, if applicable. \_\_\_\_\_  NON-PARTISAN 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 \_\_\_\_\_

Executed on 8/23/2017  
(month, day, year)

