

Candidate Intention Statement

RECEIVED Date Stamp JUL 06 2017 ELECTIONS STANISLAUS COUNTY	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>DHILLON, MANDIP. S (CPA)</u>	DAYTIME TELEPHONE NUMBER <u>(209) 596-5067</u>	FAX NUMBER (optional) <u>()</u>	E-MAIL (optional) <u>mylatestone@gmail.com</u>
STREET ADDRESS [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
OFFICE SOUGHT (POSITION TITLE) <u>AUDITOR-CONTROLLER</u>	AGENCY NAME <u>STANISLAUS COUNTY</u>	DISTRICT NUMBER, if applicable.	<input 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: <u>STANISLAUS COUNTY</u> <small>(Name of Multi-County Jurisdiction)</small>	2018 <small>(Year of Election)</small>		

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 July 6, 2017
(month, day, year) Signature _____
[REDACTED]