

**Candidate Intention Statement**

Date Stamp <b>REGISTRATION ELECTIONS OFFICE</b>	<b>CALIFORNIA FORM 501</b>
2017 AUG -7 AM 8:12	For Official Use Only

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

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First, Middle Initial) **Dirkse, Jeffrey J.** DAYTIME TELEPHONE NUMBER **(209) 277-6414** FAX NUMBER (optional) ( ) E-MAIL (optional) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**STANISLAUS COUNTY  
CLERK-RECORDER**

OFFICE SOUGHT (POSITION TITLE) **Sheriff-Coroner** AGENCY NAME **Stanislaus County Sheriff's Department** 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 of the State of \_\_\_\_\_ that the information provided is true and correct.

Executed on August 7, 2017 Signature \_\_\_\_\_  
*(month, day, year)*