Candidate Intention Statement		REGISTRATION AND ELECTIONS DIV		
Check One: ⊠Initial ☐ Amen	dment (Explain)`	201	7 AUG -4 PM 3: 56	For Official Use Only
1. Candidate Information:		5 (ANISLAUS COUNTY CLERK - RECORDED MBER (optional)	
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NU	MBER (optional) E-MAIL (c	ptional)
Don H. Gaekle street address	(209) 525-6461	() STATE ZIP CODI	E
STREET ADDRESS	5/11			
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	L	DISTRICT NOWBER, II applicable.	XI NON-PARTISAN
Assessor	Stanislaus County			PARTY:
OFFICE JURISDICTION				
State (Complete Part 2.)	1		2018	
☐ City County ☐ Multi-County:	(Name of Multi-County Jurisdiction)		(Year of Election)	
(Check one box) I accept the voluntary expenditure ceiling Amendment: I did not exceed the expenditure the general or special run-off election	ure ceiling for the election stated above. ceiling in the primary or special election held on:		and I accept the volun	tary expenditure ceiling for
	to the time of the second seco			
(Mark if applicable)			I I I alaan	
On/, I contributed pe	rsonal funds in excess of the expenditure ceiling	for the election	n stated above.	
3. Verification:				
I certify under penalty of perjury under	the laws			
Executed on 8/4/2017 (month, day, year)			FPPC	FPPC Form 501 (Jan/20 Advice: advice@fppc.ca.gov (866/275-37

www.fppc.ca.gov