

Candidate Intention Statement

Date Stamp REGISTRATION ELECTIONS DIV	CALIFORNIA FORM 501
2017 MAR 31 PM 1:27	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Patrick Kolasinski	DAYTIME TELEPHONE NUMBER (209) 408-0104	FAX NUMBER (optional) (209) 408-0149	E-MAIL (optional)
STREET ADDRESS [REDACTED]		CITY	STATE ZIP CODE
OFFICE SOUGHT (POSITION TITLE) Stanislaus County District Attorney	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" 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: _____ (Name of Multi-County Jurisdiction)	_____ (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 California that the foregoing is true and correct.

Executed on March 31, 2017
(month, day, year)

Signature

