

Candidate Intention Statement

RECEIVED JUN 16 2017 ELECTIONS STANISLAUS COUNTY CALIFORNIA FORM 501 For Official Use Only

Check One: [X] Initial [ ] Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional)
Riley, Donna L. ( 209 ) 765-0386 ddtriley@comcast.net
STREET ADDRESS CITY STATE ZIP CODE

OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. [X] NON-PARTISAN
Treasurer/Tax Collector County of Stanislaus PARTY:

OFFICE JURISDICTION
[ ] State (Complete Part 2.)
[ ] City [X] 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.)

Primary/general election Special/runoff election
(Year of Election) (Year of 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 June 1, 2017 (month, day, year)

Signature \_\_\_\_\_