

Candidate Intention Statement

RECEIVED JUL - 3 2018 Office of the City Clerk	Date Stamp
	CALIFORNIA FORM 501 For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) LARSON NICOLE C		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
STREET ADDRESS		CITY	STATE	ZIP CODE
		Turlock	CA	95380
OFFICE SOUGHT (POSITION TITLE) COUNCIL MEMBER	AGENCY NAME CITY OF TURLOCK	DISTRICT NUMBER, if applicable. 1	<input checked="" type="checkbox"/> NON-PARTISAN	
OFFICE JURISDICTION		PARTY:		
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> 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.

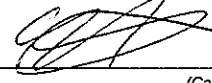
(Mark if applicable)

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 California that the foregoing is true and correct.

Executed on 7/2/18
 (month, day, year)

Signature 
 (Candidate)