

Candidate Intention Statement

Date Stamp RECEIVED AUG -1 2018 Office of the City Clerk	CALIFORNIA FORM 501 <small>For Official Use Only</small>
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>FRANCO Jaime</u>	DAYTIME TELEPHONE NUMBER _____	FAX NUMBER (optional) () _____	E-MAIL (optional) _____
STREET ADDRESS _____	CITY <u>Turlock</u>	STATE <u>CA</u>	ZIP CODE <u>95380</u>
OFFICE SOUGHT (POSITION TITLE) <u>MAYOR</u>	AGENCY NAME _____	DISTRICT NUMBER, if applicable. _____	<input type="checkbox"/> NON-PARTISAN PARTY: _____
OFFICE JURISDICTION <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)	(Year of Election) <u>2018</u>		

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 8/1/18
(month, day, year) Signature [Signature]
(Candidate)