

# Candidate Intention Statement

Date Stamp

**CALIFORNIA 501**  
**RECEIVED**  
 Office of the City Clerk  
 JUL 19 2016  
 CITY OF FORTUNA

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>Tami Trent</u>		DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ( )	E-MAIL (optional)
STREET ADDRESS [REDACTED]		CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
OFFICE SOUGHT (POSITION TITLE) <u>City Council</u>	AGENCY NAME <u>Fortuna</u>	DISTRICT NUMBER, if applicable.	<input 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) _____ (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 7/19/16  
 (month, day, year)

Signature [REDACTED]  
 (Candidate)