Candidate Intention Statement	Office of the City Clei FORM 501
Check One: Initial Amendment (Explain)	For Official Use Only
	CITY OF FORTUNA
1. Candidate Information:	
NAME OF CANDIDATE (Last, First, Middle Initial)  DAYTIME TE	ELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional)
Stanfield, Jeremy S. (707) 4 STREET ADDRESS CITY	196-3806 ( ) STATE TID CODE
	SIATE ZIP CODE
125 12th Street Fortuna OFFICE SOUGHT (POSITION TITLE) AGENCY NAME	DISTRICT NUMBER, if applicable. NON-PARTISAN
City Council Member City of For	tuna PARTY:
State (Complete Part 2.)	
☑ City ☐ County ☐ Multi-County:(Name of Multi-Co	Ounty Jurisdiction) (Year of Flection)
(Check one box)  I do not accept the voluntary expenditure ceiling for the election stated Amendment:  O I did not exceed the expenditure ceiling in the primary or special expenditure.	
the general or special run-off election.	
(Mark if applicable)	EEFF GL.
On, I contributed personal funds in excess of the exp	enditure ceiling for the election stated above.
3. Verification:	
I certify under penalty of perjury under the laws of the State of Califo	urnia that the foregoing is true and correct
Executed on $\frac{7/23/8}{(month, day, year)}$ , Signorth,	
Executed on, Sig	FPPC Form 501 (Jan,