

Candidate Intention Statement

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Check One: Initial Amendment (Explain) _____

CITY OF SCOTTS VALLEY

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Reed, James V	DAYTIME TELEPHONE NUMBER (831) 707-4993	FAX NUMBER (optional) ()	E-MAIL (optional) jimreedsv@gmail.com
STREET ADDRESS [REDACTED]	CITY Scotts Valley	STATE CA	ZIP CODE 95066
OFFICE SOUGHT (POSITION TITLE) Councilmember	AGENCY NAME City of Scotts Valley	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: _____ <small>(Name of Multi-County Jurisdiction)</small>		2018 <small>(Year of Election)</small>	

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 11/1/16
(month, day, year)

Signature [Handwritten Signature]
(Candidate)