

Candidate Intention Statement

Date Stamp RECEIVED JUL 20 2018 CITY OF ARCATA CITY MANAGER'S OFFICE	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>Rose-Campbell, Valene</u>		DAYTIME TELEPHONE NUMBER <u>(707) 496 4770</u>	FAX NUMBER (optional) <u>(NA)</u>	E-MAIL (optional) <u>valenerosecampbell@icloud.com</u>
STREET ADDRESS <u>City town 880 Courtyard circle Apt C Arcata CA 95521</u>		CITY	STATE	ZIP CODE
OFFICE SOUGHT (POSITION TITLE) <u>city council, Arcata</u>		AGENCY NAME		DISTRICT NUMBER, if applicable
OFFICE JURISDICTION				<input type="checkbox"/> NON-PARTISAN PARTY: <u>Green</u>
<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)		<u>2018</u> (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 July, 20, 2018
(month, day, year)

Signature 
(Candidate)