

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

RECEIVED

AUG 08 2012

CITY OF ARCATA  
CITY MANAGER'S OFFICE

CALIFORNIA FORM 501

For Official Use Only

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional)  
Ornelas, Susan D. (707) 499-3005 ( ) 0 susan4council@gmail.com  
STREET ADDRESS CITY STATE ZIP CODE  
1645 Virginia Way Arcata CA 95521  
OFFICE SOUGHT (POSITION/TITLE) AGENCY NAME DISTRICT NUMBER, if applicable.  NON-PARTISAN  
Arcata City Council City of Arcata PARTY: Democrat  
OFFICE JURISDICTION  
 State (Complete Part 2.)  City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) 2012 (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.)

2012 Primary/general election Special/runoff election  
(Year of Election) (Year of 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 August 8, 2012  
(month, day, year)

Signature \_\_\_\_\_ (Candidate)