

Candidate Intention Statement

Date Stamp RECEIVED AUG 02 2022 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) Brett W. Watson, Brett M. DAYTIME TELEPHONE NUMBER (707) 293 3535 FAX NUMBER (optional) () - EMAIL (optional) -

STREET ADDRESS [REDACTED] CITY Arcata STATE CA ZIP CODE 95521

OFFICE POSITION (POSITION TITLE) Council Member AGENCY NAME City of Arcata DISTRICT NUMBER, if applicable. - NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.) PRIMARY / GENERAL

City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2022 (Year of Election) SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(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 8/2/2022
(month, day, year)

Signature [REDACTED]
(Candidate)