

Candidate Intention Statement

ORIGINAL

Date Stamp <b>RECEIVED CITY CLERK</b>  <b>16 AUG -1 PM 4:31</b>  <b>CITY OF CARSON</b>	<b>CALIFORNIA FORM 501</b> For Official Use Only
	For Official Use Only

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) DEAR, JIM DAYTIME TELEPHONE NUMBER (310) 328-6212 FAX NUMBER (optional) (310) 328-2504 E-MAIL (optional) dearformayor@gmail.com

STREET ADDRESS 21830 S. FIGUEROA GT. CITY CARSON STATE CA ZIP CODE 90745

OFFICE SOUGHT (POSITION TITLE) MAYOR AGENCY NAME CITY OF CARSON DISTRICT NUMBER, if applicable. N/A  NON-PARTISAN PARTY: \_\_\_\_\_

OFFICE JURISDICTION

State (Complete Part 2.)

City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) Year of Election 2016

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 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 7-18-16  
(month, day, year)

Signature Jim Dear  
(Candidate)