

Candidate Intention Statement

Date Stamp
City of Grover Beach

CALIFORNIA FORM **501**

Check One: Initial Amendment (Explain) _____

AUG 10 2016
RECEIVED

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Shoals, John P. DAYTIME TELEPHONE NUMBER (805) [REDACTED] FAX NUMBER (optional) _____ E-MAIL (optional) _____

STREET ADDRESS [REDACTED] CITY Grover Beach STATE CA ZIP CODE 93433

OFFICE SOUGHT (POSITION TITLE) Mayor AGENCY NAME City of Grover Beach DISTRICT NUMBER, if applicable. _____ NON-PARTISAN

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.)

~~2016~~ Primary/general election (Year of Election) ~~Special/runoff election~~ (Year of Election) JPS

(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 08/10/2016
(month, day, year)

Signature [REDACTED]