

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
For Official Use Only	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) ALLEN P. BALDWIN		DAYTIME TELEPHONE NUMBER (714) 981-0737	FAX NUMBER (optional) _____	E-MAIL (optional) apeteb@gmail.com
STREET ADDRESS 16496 LASH LAKE ELSINORE		CITY LAKE ELSINORE	STATE CA	ZIP CODE 92530
OFFICE SOUGHT (POSITION TITLE) TREASURER	AGENCY NAME CITY of LAKE ELSINORE	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN PARTY: _____	
OFFICE JURISDICTION				
<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) _____ (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.)

2016 Primary/general election (Year of Election) _____ Special/runoff 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 July 18, 2016 (month, day, year) Signature _____ (Candidate)