Candidate Intention Statement

Check One:  ☑ Initial  □ Amendment (Explain) __________

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) ALLEN P. BALDWIN
DAYTIME TELEPHONE NUMBER (749) 0737  FAX NUMBER (optional) —
E-MAIL (optional) apete@b.com

STREET ADDRESS 14496 LASH CITY LAKE ELsinore
CITY LAKE ELsinore STATE CA
ZIP CODE 92530

OFFICE SOUGHT (POSITION TITLE) TREASURER
AGENCY NAME CITY OF LAKE ELsinore

OFFICE JURISDICTION
☑ City  ☐ County  ☐ Multi-County: ____________________________

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 Special/runoff election

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.

☐ 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 J U L Y 1 8 , 2 0 1 6 ( month, day, year) Signature ___________________________

(Candidate)

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov