Candidate Intention Statement

Check One: [ ] Initial [ ] Amendment (Explain) ________________________________

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Manus Steve
STREET ADDRESS
CITY COUNTY
OFFICE SOUGHT (POSITION TITLE) LAKE ELSINORE

DAYTIME TELEPHONE NUMBER (951) 317-8830
FAX NUMBER (optional) (951) 339-3346
E-MAIL (optional) info@stevemanes.com

STATE ZIP CODE

2. State Candidate Expenditure Limit Statement:

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

(District Number, if applicable) NON-PARTISAN
PARTY:

Year of Election

Primary/general election

Special/runoff election

(Year of Election)

I accept [ ] 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 3/15/14 (month, day, year) ____________________________

Signature ____________________________