

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

City of Carmel-by-the-Sea

For Official Use Only

Date Stamp

JUN - 8 2018

CALIFORNIA
FORM 501

1. Candidate Information:

Received by City Clerk

NAME OF CANDIDATE (Last, First, Middle Initial)

Theis, Carrie L.

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E-MAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable:

City Councilmember

City of Carmel-By-The-Sea

CA 93921
 NON-PARTISAN PARTY:

State (Complete Part 2)

City County Multi-County:

(Name of Multi-County Jurisdiction)

2018
(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.)

 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 June 8, 2018

(month, day, year)

Signature

(Candidate)