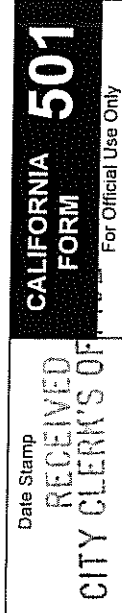


Candidate Intention Statement

Check One: ☒ Initial

☐ Amendment (Explain) _____



1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

VARGAS VERONICA

STREET ADDRESS

DAYTIME TELEPHONE NUMBER

510-411-1133

FAX NUMBER (optional)

()

E-MAIL (optional)

VERONICA.VARGAS@CITYOFTRACY.CA

CITY

CITY

STATE

STATE

ZIP CODE

ZIP CODE

ZIP CODE

ZIP CODE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

COUNCILMEMBER

AGENCY NAME

AGENCY NAME

AGENCY NAME

AGENCY NAME

OFFICE JURISDICTION

OFFICE JURISDICTION

OFFICE JURISDICTION

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OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City

☐ Multi-County:

(Name of Multi-County Jurisdiction)

2018
(Year of Election)

DISTRICT NUMBER, if applicable.

DISTRICT NUMBER, if applicable.

DISTRICT NUMBER, if applicable.

DISTRICT NUMBER, if applicable.

PARTY:

PARTY:

PARTY:

PARTY:

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
(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 03/19/2018
(month, day, year)

Signature [Signature]
(Candidate)