

Candidate Intention Statement



Check One:  Initial  Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Hicks, Alison
DAYTIME TELEPHONE NUMBER (650) 451-2772
FAX NUMBER (optional)
E-MAIL (optional)
STREET ADDRESS Mountain View CA 94041
OFFICE SOUGHT (POSITION TITLE) City Council
AGENCY NAME
DISTRICT NUMBER, if applicable.
NON-PARTISAN
OFFICE JURISDICTION
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.)

2018 Primary/general 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 6-4-18
(month, day, year)

Signature [Handwritten Signature]
(Candidate)