

Candidate Intention Statement

SAN BERNARDINO COUNTY CLERK	CALIFORNIA FORM 501
18 AUG -9 4:34	For Official Use Only

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional)  
 Gasca Alec R. (805) 336-9747 ( ) alec.gasca@yahoo.com  
 STREET ADDRESS CITY STATE ZIP CODE

OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable.  NON-PARTISAN  
 City Council member City of Ventura 4 PARTY:

OFFICE JURISDICTION  
 State (Complete Part 2.)  
 City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) \_\_\_\_\_ (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  
 (Year of 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: 8, 8, 2018 Signature: \_\_\_\_\_  
 (month, day, year)