

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

RECEIVED
MAY 26 2017
ELECTIONS
STANISLAUS COUNTY

CALIFORNIA FORM 501
For Official Use Only

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional)
BERRYHILL, THOMAS ( 209 ) 605-0532 ( )
STREET ADDRESS CITY STATE ZIP CODE
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. [X] NON-PARTISAN
County Supervisor District 4 PARTY:
OFFICE JURISDICTION
[ ] State (Complete Part 2)
[ ] City [X] 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.)

(Year of Election) Primary/general election (Year of 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 5-23-17 (month, day, year)

Signature [Redacted]