Candidate Intention Statement

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Office of the City Clerk

CALIFORNIA FORM **501**

For Official Use Only

Check One: ~Initial O Amendment (Explain) ----------

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Babadalir, Donald	(209) 202-5526		

STREET ADDRESS	CITY	STATE	ZIP CODE
	Turlock	CA	95382

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

OFFICE JURISDICTION

D State (Complete Part 2.)

a City D County D Multi-County: _____ (Name of Multi-County Jurisdiction)

2016 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(Ca/PERS and Ca/STRS 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)

D I accept the voluntary expenditure ceiling for the election stated above.

D I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

O I did not exceed the expenditure ceiling in the primary or special election held on: __J__J __ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

D On __} __J __ , 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 03/25/2016 *(month, day, year)* Signature _____ *(Candidate)*