

Candidate Intention Statement

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JUL 31 2018

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

TOWN OF LOS ALTOS HILLS

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) KAVITA TANKHA	DAYTIME TELEPHONE NUMBER ()	FAX NUMBER (optional) ()	E-MAIL (optional)
STREET ADDRESS MEMBER LOS ALTOS HILLS CITY COUNCIL	CITY LOS ALTOS HILLS	STATE CA	ZIP CODE 94024
OFFICE SOUGHT (POSITION TITLE) MEMBER LOS ALTOS HILLS CITY COUNCIL	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN PARTY: _____
OFFICE JURISDICTION			
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> 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 08/1/2018
(month, day, year)

Signature Kavita Tankha
(Candidate)