

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: Initial Amendment (Explain) _____

Date Stamp
CITY OF SANTA CLARITA
2007 MAR 14 P 3:48

CALIFORNIA FORM 501
For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Trautman, Diane C. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) ()

STREET ADDRESS [REDACTED] CITY Santa Clarita STATE CA ZIP CODE [REDACTED]

OFFICE SOUGHT (POSITION TITLE) Councilmember AGENCY NAME City of Santa Clarita DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY:

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: _____ (Name of Multi-County Jurisdiction)
2008 (Year of Election)

RECEIVED CITY CLERKS OFFICE

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

(Year of Election) 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 March 13, 2007
(month, day, year)

Signature Diane Trautman
(Candidate)