

Candidate Intention Statement

Type or Print in Ink.

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Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain)

RECEIVED CITY CLERKS OFFICE

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) HENRY SCHULTZ
DAYTIME TELEPHONE NUMBER
FAX NUMBER (optional)
E-MAIL (optional)
STREET ADDRESS
CITY SANTA CLARITA
STATE CA
ZIP CODE 91350
OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL
AGENCY NAME CITY OF SANTA CLARITA, SANTA CLARITA
DISTRICT NUMBER, if applicable.
NON-PARTISAN
OFFICE JURISDICTION
City
County
Multi-County:
(Name of Multi-County Jurisdiction)
(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to 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 1/8/10 (month, day, year)

Signature