

Candidate Intention Statement

Date Stamp RECEIVED JUL 15 2020	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Alicia A. Kuhl DAYTIME TELEPHONE NUMBER _____ FAX NUMBER (optional) _____ EMAIL (optional) _____

CITY Santa Cruz STATE CA. ZIP CODE 95060

OFFICE POSITION (COMMON TITLE) _____ AGENCY NAME Santa Cruz City Council DISTRICT NUMBER, if applicable _____ NON-PARTISAN OFFICE

OFFICE JURISDICTION

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

PARTY PREFERENCE: (Check one box, if applicable.) PRIMARY / GENERAL SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(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 6/13/20
(month, day, year)

Signature Alicia A. Kuhl
(Candidate)