

Candidate Intention Statement

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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Blanchard, Charles L. DAYTIME TELEPHONE NUMBER (510) 525-6231 FAX NUMBER (optional) () E-MAIL (optional) charles.l.blanchard@gmail.com
 STREET ADDRESS 526 Cornell Avenue CITY Albany STATE CA ZIP CODE 94706
 OFFICE SOUGHT (POSITION TITLE) Member Board of Education AGENCY NAME Albany Unified School District DISTRICT NUMBER, if applicable. NA NON-PARTISAN
 OFFICE JURISDICTION State (Complete Part 2.) City County 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.)

2018 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 July 22, 2018 Signature _____
 (month, day, year) (Candidate)