Candidate Intention Statement				Date Star	пр	GALIFORNIA 501
Check One: 🔀 Initial	Amendment (Explain)			FEB - 1 (13)		FORM For Official Use Only
				Mitter		
1. Candidate Information:				**		
NAME OF CANDIDATE (Last, First, Middle Initial)	)	DAYTIME TELEPHONE NUMBER	FAX NUM	IBER (optional)	E-MAIL	(optional)
Steven Nascimento		( 209 ) 681-4466	( )			
STREET ADDRESS		CITY		STATE	ZIP COI	DE
	\$ 444 m 15	Turlock		CA	95382	· · · · · · · · · · · · · · · · · · ·
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME		D	STRICT NUMBER,	f applicable.	NON-PARTISAN
Turlock City Council	City of Turlock		4	;		PARTY:
OFFICE JURISDICTION						
State (Complete Part 2.)	•			201	6	
☑ City ☐ County ☐ Multi	i-County:	(Name of Multi-County Jurisdiction)		(Year of E	lection)	
(Check one box)  I accept the voluntary expend  I do not accept the voluntary  Amendment:  I did not exceed the extended the extended the continuous conti	y expenditure ceiling for the el	tated above.		and I accept	the volur	ntary expenditure ceiling for
(Mark if applicable)	ributed personal funds in exce	ss of the expenditure ceiling for t	he election	stated above.		
3. Verification:		,				
I certify under penalty of perj	ury under the laws of the St	ate of California that the forego	oing is true	and correct.		
Executed on		(Candidate)				FPPC Form 501 (Jan/2016
,,	-				FPPC	Advice: advice@fppc.ca.gov (866/275-3772

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