Candidate Intention Statement	Date Stamp CALIFORNIA 501
Check One:	RECEIVED FORM SUI
	JUL 23 2018
	Office of the
1. Candidate Information:	City Clerk
NAME OF CANDIDATE (Last, First, Middle Initial) DEHART WILLIAM W. DR. STREET ADDRESS CITY	FAX NUMBER (optional) E-MAIL (optional) () STATE ZIP CODE
TAPLOCK	STATE ZIP CODE CA 95382
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME	DISTRICT NUMBER, if applicable.
CITY COUNCIL CITY OF TURLOCK	PARTY:
OFFICE JURISDICTION State (Complete Parl 2.)	
☐-City ☐ County ☐ Multi-County: (Name of Multi-County Jurisdiction)	2018
(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:	
O I did not exceed the expenditure ceiling in the primary or special election held on:	and I accept the voluntary expenditure ceiling for
(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 foregoin	g,iş true and c qrrect.
Executed on $\frac{7/23/2018}{(nfinith, day, year)}$, Signature William A	FPPC Form 501 (Jan/

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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