Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Check One: ☒ Initial   ☐ Amendment (Explain) _____

_____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
IAN SCOTT PARKINSON	(805) 234-2365	( )	

STREET ADDRESS	CITY	STATE	ZIP CODE
4618 Poinsettia Street	San Luis Obispo	CA	93401

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	☒ NON-PARTISAN
Sheriff - San Luis Obispo County			PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City   ☒ County   ☐ Multi-County: _____
(Name of Multi-County Jurisdiction)

2010
(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)
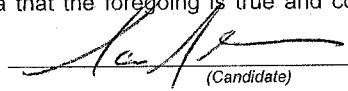
☐ On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

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 *MARCH 11, 2009*,   Signature _____
(month, day, year)   (Candidate)