



Candidate Intention Statement

Check One: [X] Initial [] Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional) Casavecchia, Richard T (916) 3371260 () STREET ADDRESS CITY STATE ZIP CODE 954 Potter St Winters CA 95694 OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable [] NON-PARTISAN OFFICE City Council Winters PARTY PREFERENCE: OFFICE JURISDICTION (Check one box, if applicable.) [] State (Complete Part 2.) [X] City [] County [] Multi-County: _____ (Name of Multi-County Jurisdiction) 2022 (Year of Election) [X] 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)

[X] 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 08 09 2022 (month, day, year)

Signature [Handwritten Signature] (Candidate)