Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM **501**

For Official Use Only

Date Stamp

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Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial): MACÍAS, LAURA, A

DAYTIME TELEPHONE NUMBER: (650) 967-6098

FAX NUMBER (optional):

E-MAIL (optional):

STREET:

CITY: Mountain View

STATE: CA

ZIP CODE: 94040

OFFICE SOUGHT (POSITION TITLE): Council Member

AGENCY NAME:

DISTRICT NUMBER, if applicable.

☑ NON-PARTISAN

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☑ City ☐ County ☐ Multi-County: Mountain View (Name of Jurisdiction)

2004 (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.)

_____ (Year of Election) ***Primary/general election*** _____ (Year of Election) ***Special/runoff 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 August 3, 2004 (month, day, year)

Signature Laura Macías (Candidate)