

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

|                     |                            |
|---------------------|----------------------------|
| Date Stamp          | <b>CALIFORNIA FORM 501</b> |
| CITY OF SANTA CLARA |                            |
| 2014 NOV 20 P 4: 34 |                            |

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) MARSHA MCLEAN DAYTIME TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER (optional) \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

RECEIVED CITY CLERKS OFFICE

OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL 2018 AGENCY NAME \_\_\_\_\_ DISTRICT NUMBER, if applicable \_\_\_\_\_  NON-PARTISAN PARTY: \_\_\_\_\_

OFFICE JURISDICTION  
 State (Complete Part 2.)  
 City  County  Multi-County: Santa Clara 2018  
(Name of Jurisdiction) (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 Special/runoff 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 11-20-14  
(month, day, year)

Signature \_\_\_\_\_  
(Candidate)