

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) Seeking re-election 2014

CITY OF SANTA CLARITA

Date Stamp

2013 MAY 15 A 8:51

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

McLean, Marsha

DAYTIME TELEPHONE NUMBER

[Redacted]

FAX NUMBER (optional)

()

RECEIVED CITY CLERKS OFFICE

STREET ADDRESS

[Redacted]

CITY

Santa Clarita

STATE

ZIP CODE

[Redacted]

OFFICE SOUGHT (POSITION TITLE)

City Council 2014

AGENCY NAME

City of Santa Clarita

DISTRICT NUMBER, if applicable.

NON-PARTISAN

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County:

(Name of Multi-County Jurisdiction)

2014

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

Primary/general 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 May 9, 2013 (month, day, year)

Sign [Redacted Signature] (Candidate)