

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Date Stamp

CITY OF SANTA CLARA

2011 SEP 27 P 4:20

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional) RECEIVED CITY CLERKS OFFICE E-MAIL (optional)

Ender, Laurie H.

STREET ADDRESS

CITY

STATE

ZIP CODE

Valencia

CA

91354

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN

City Councilman

PARTY:

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County: _____

(Name of Multi-County Jurisdiction)

2012

(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
(Year of 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 08/17/11
(month, day, year)

Signature _____
(Candidate)