

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Date Stamp

03/26/15 16:00 CLK

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Marquez, Elisa
DAYTIME TELEPHONE NUMBER (510) 910-3833
FAX NUMBER (optional)
E-MAIL (optional) EMARQUANA@GMAIL.COM
STREET ADDRESS Hayward City Council
CITY City of Hayward
STATE
ZIP CODE
OFFICE SOUGHT (POSITION TITLE) Alameda County
AGENCY NAME City of Hayward
DISTRICT NUMBER, if applicable.
NON-PARTISAN
PARTY:
OFFICE JURISDICTION
[] State (Complete Part 2.)
[X] City [] County [] Multi-County:
(Name of Multi-County Jurisdiction)
(Year of Election) 2016

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
(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 March 26, 2015 Signature
(month, day, year) (Candidate)