Candidate Intention Statement	Date Stamp CALIFORNIA 501
Check One:	APR 2 3 2016 For Official Use Only CITY CLERK'S OFFICE CITY OF SUNNYVALE
1. Candidate Information:	
NAME OF CANDIDATE (Last, First, Middle Initial) LEIN LART HO8) STREET ADDRESS DAYTIME TELEPHONE NUMBER HO8)	FAX NUMBER (optional) () LARRY KLEIN SUNNTVACE @GMAIL, COM STATE ZIP CODE
COUNCIL MEMBER SEAT 4 (UNEXPIRED TER	DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY:
OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: SUNNYVALE (Name of Multi-County Jurisdiction)	(Year of Election)
(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.) (Year of Election) Primary/general 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: the general or special run-off election.	and I accept the voluntary expenditure ceiling for
(Mark if applicable) On/, I contributed personal funds in excess of the expenditure ceiling for	r the election stated above.
3. Verification:	
I certify under penalty of perjury under the laws of the State of California that the fore	going is true and correct.
Executed on April 26, 2016, Signature Issue a land (Candidate)	FPPC Form 501 (Jan/2016)

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov