Candidate Intention Statement			Type or Print in Ink.	CANDIDATE INTENTION STATEMENT CALIFORNIA 501	
Check One: 医	☑ Initial	Amendment (Explain)		O SEP 0	FORM For Official Use Only
1. Candidate Info	rmation:			CITY OF SU	NNYVALE
NAME OF CANDIDATE (Las Klein, Larry A	st, First, Middle Initia)	DAYTIME TELEPHONE NUMBER (408)504-6675	FAX NUMBER (optional)	E-MAIL (optional) LarryKleinSunnyvale@gmail.com
STREET ADDRESS			CITY Sunnyvale	STATE CA	ZIP CODE 94086
OFFICE SOUGHT (POSITIO	N TITLE)	AGENCY NAME		DISTRICT NUMBE	I I I I I I I I I I I I I I I I I I I
City Council - Seat 4		Sunnyvale City	Council	***************************************	PARTY: Democratic
OFFICE JURISDICTION State (Complete Part City Cour		i-County:	(Name of Multi-County Jurisdiction)	(Year	of Election)
(Year of Election) Prim	nary/general		,		
☐ I do not accept Amendment: ○ I did not e	t the voluntar	y expenditure ceiling for the e	election stated above.	_/ and I acce	ept the voluntary expenditure ceiling for
(Mark if applicable)	, I cont	ributed personal funds in exc	ess of the expenditure ceiling for t	he election stated above	
			state of California that the forego		FPPC Form 501 (April/2011

FPPC Form 501 (April/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)