O				CANDIDATE INTENTION STATEMENT
Candidate Intention Statement	Type or Print in Ink.		G .	CALIFORNIA 501
		113		FORM JUI
			MAY 2	0 2015 For Official Use Only
Check One: Initial		re les '	1111 6	
		L	Marie Control of the	man And Adambayor Magazina property and a Charles State Stat
	**************************************	CIT	Y CLEAN IY OF SI	('S OFFICE INNYVALE
1. Candidate Information:			A STATE OF THE STA	And Control of Control
NAME OF CANDIDATE (Lest, First, Middle Initial)	DAYTIME TELEPHONE NUMBER FAX	NUMBER (option	ogal)	E-MAIL (optional)
Melton, Russell W.		\	J.147	russell.w.melton@gmail.com
STREET ADDRESS	СПУ	<u>, </u>	TATE	ZIP CODE
	Sunnyvale		CA	94087
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME	Sumyvale	DISTRICT		
· · · · · · · · · · · · · · · · · · ·	1-			
City Council, Seat 5 City of Sunnyva	lle			PARTY:
State (Complete Part 2.)				
☐ City ☐ County ☐ Multi-County: ————————————————————————————————————				
a ony a county a mana-county.	(Name of Multi-County Jurisdiction)		(Year of	Election)
(CalPERS candidates, judges, judicial candidates, and candidates for local offices an (Year of Election) (Year of Election) (Year of Election)	e not required to complete Part 2.) Special/runoff election			
(Check one box) I accept the voluntary expenditure ceiling for the election st	ated above.			
☐ I do not accept the voluntary expenditure ceiling for the election stated above.				
Amendment: O 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.				
	Management of the Control of the Con			•
(Merk if applicable)				
On, I contributed personal funds in exce	se of the expanditure ceiling for the elec	tion stated	ahove	
On, I contributed personal funds in excess of the expenditure conting to the election excess.				
3. Verification:				
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
	18 000 h	ma		
Executed on May 20, 2015 (month, day, year)	Signatur (Candidate)	110		كلم

FPPC Form 501 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)