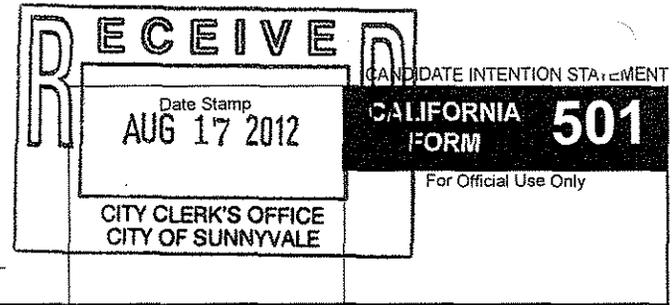


Candidate Intention Statement

Type or Print in Ink.



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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Larsson, Gustav K. DAYTIME TELEPHONE NUMBER (408) [REDACTED] FAX NUMBER (optional) () E-MAIL (optional) STREET ADDRESS [REDACTED] CITY Sunnyvale STATE CA ZIP CODE 94086 OFFICE SOUGHT (POSITION TITLE) City Councilmember, Seat #1 AGENCY NAME City of Sunnyvale DISTRICT NUMBER, if applicable. [] NON-PARTISAN PARTY: OFFICE JURISDICTION [] State (Complete Part 2.) [X] City [] County [] Multi-County: _____ (Name of Multi-County Jurisdiction) 2013 (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 _____ Special/runoff election (Year of 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 August 17, 2012 (month, day, year)

Signature Gustav K Larsson (Candidate)