

**Candidate Intention Statement**

Date Stamp	<b>CALIFORNIA FORM 501</b>
	For Official Use Only
03/07/16 08:00 CLK	

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First, Middle Initial) Greich, Wynn C DAYTIME TELEPHONE NUMBER (510) 274-5453 FAX NUMBER (optional) \_\_\_\_\_ E-MAIL (optional) wynn4council@gmail.com

STREET ADDRESS \_\_\_\_\_ CITY Hayward, CA STATE \_\_\_\_\_ ZIP CODE 94545

OFFICE SOUGHT (POSITION TITLE) council member AGENCY NAME \_\_\_\_\_ DISTRICT NUMBER, if applicable. \_\_\_\_\_  NON-PARTISAN

OFFICE JURISDICTION  State (Complete Part 2.)  City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) \_\_\_\_\_

\_\_\_\_\_ (Year of Election) 2016 (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.)*

\_\_\_\_\_  
(Year of Election) **Primary/general election** \_\_\_\_\_  
(Year of Election) **Special/runoff 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 3/7/2016 (month, day, year) Signature \_\_\_\_\_ (Candidate)