ORIGINAL

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

Date Stamp	CALIFORNIA FORM **501**
	For Official Use Only
01/25/16 17:43 CLK	

_____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)
MCGRATH, LAWRENCE M

DAYTIME TELEPHONE NUMBER
(925) 550-4406

FAX NUMBER (optional)
(   )

E-MAIL (optional)
LMMCGRATH@COMCAST.NET

STREET ADDRESS

CITY
Hayward

STATE
CA

ZIP CODE
94541

OFFICE SOUGHT (POSITION TITLE)
City Council

AGENCY NAME
City of Hayward

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: _____
(Name of Multi-County Jurisdiction)
HAYWARD

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.)

_____ **Primary/general election**
(Year of Election)

_____ **Special/runoff 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 __01/25/2016__,
(month, day, year)

Signature _____
(Candidate)

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