

Candidate Intention Statement

Date Stamp	<b>CALIFORNIA FORM 501</b>
<b>FILED</b> JUL 16 2018 <b>ALBANY CITY CLERK</b>	
For Official Use Only	

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) (Margaret) PEGGY McQUAID DAYTIME TELEPHONE NUMBER (510) [REDACTED] FAX NUMBER (optional) ( ) E-MAIL (optional) reelectpeggymcquaid.com

STREET ADDRESS [REDACTED] CITY Albany STATE CA ZIP CODE 94707

OFFICE SOUGHT (POSITION TITLE) Albany City Council AGENCY NAME Albany DISTRICT NUMBER, if applicable. \_\_\_\_\_  NON-PARTISAN PARTY:

OFFICE JURISDICTION  State (Complete Part 2.)  City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) 2018 (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 7/16/2018 (month, day, year) Signature [REDACTED] (Candidate)