Candidate Intention Statement

Check One:  X Initial  □ Amendment (Explain) ________________________________

1. Candidate Information:

NAME OF CANDIDATE  (Last, First, Middle Initial)
Marshall Duffy Duffyfield
DAYTIME TELEPHONE NUMBER  FAX NUMBER (optional)  E-MAIL (optional)
(949) 645-6811  ( )  duffy@duffyboats.com
STREET ADDRESS
CITY  STATE  ZIP CODE

OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME
City Council Member

DISTRICT NUMBER, if applicable
District 3
PARTY:

OFFICE JURISDICTION
□ State  (Complete Part 2)
X City  □ County  □ Multi-County: _________ (Name of Multi County Jurisdiction)  2018

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)

(Choose 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:
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.

(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 05/28/2015 (month, day, year)  Signature ______________________________

FPPC Form 501 (April/2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)