Candidate Intention Statement	Type or Print in Ink.	RECEDITE Status	CALIFORNIA 501
Check One: X Initial Amendment (Explain)		2015 JUL 22 AM 9: 08	For Official Use Only
		OFFICE OF	
1. Candidate Information: NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	CTV OF CONTROL DEACH FAX NUMBER (optional) E-MAIL	(optional)
Marshall Duffy Duffield	(949) 645-6811		@duffyboats.com
STREET ADDRESS	CITY	STATE ZIP CO	DE
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME		DISTRICT NUMBER, if applicable.	NON-PARTISAN
City Council Member		District 3	PARTY:
OFFICE JURISDICTION State (Complete Part 2.)			
X City County Multi-County:	(Name of Multi County Jurisdiction)	2018 (Year of Election)	
(Check one box) I accept the voluntary expenditure ceiling for the election	_ Speciallrunoff election		
☐ I do not accept the voluntary expenditure ceiling for the el Amendment: ☐ I did not exceed the expenditure ceiling in the prima the general or special run-off election.		_/and i accept the volun	tary expenditure ceiling for
(Mark if applicable)			
On, I contributed personal funds in exce	ess of the expenditure ceiling for the	ne election stated above.	
3. Verification:		M.	
I certify under penalty of perjury under the laws of the State	of California that the foregoing is t	rue and correct.	
Executed on05/28/2015 (month, day, year)	Signature Signature	didate)	
	· ()	A	EPPC Form 501 (April/2011

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