

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CITY OF SAN LEANDRO SEP 24 2009 CITY CLERK'S OFFICE	CALIFORNIA FORM 501
	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Combs, Peggy H.		DAYTIME TELEPHONE NUMBER (510) 332-7803	FAX NUMBER (optional) ()	E-MAIL (optional) PeggyHCombs@aol.com
STREET ADDRESS 61 Georgia Way		CITY San Leandro	STATE CA	ZIP CODE 94577
OFFICE SOUGHT (POSITION TITLE) City Council Member	AGENCY NAME City of San Leandro	DISTRICT NUMBER, if applicable. 5	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:	
OFFICE JURISDICTION				
<input type="checkbox"/> State (Complete Part 2.)				
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Jurisdiction)				
2010 (Year of Election)				

2. State Candidate Expenditure Limit Statement:

(Candidates for statewide office are not required to complete Part 2 until 11/6/02. CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to 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.

Voluntary Expenditure Ceilings:

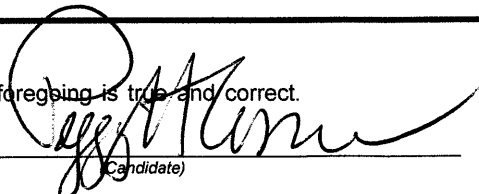
(Gov. Code Section 85400)

Office	Primary or Special	General or Special Run-off
(Effective 1/1/01)		
Assembly	\$400,000	\$700,000
Senate	\$600,000	\$900,000
(Effective 11/6/02)		
Board of Equalization	\$1,000,000	\$1,500,000
Governor	\$6,000,000	\$10,000,000
Lieutenant Governor, Attorney General, Insurance Commissioner, Controller, Secretary of State, Supt. of Public Instruction, Treasurer	\$4,000,000	\$6,000,000

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 09/23/2009
(month, day, year)

Signature 
(Candidate)