

Candidate Intention Statement

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CALIFORNIA FORM 501  
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Check One:  Initial  Amendment (Explain) \_\_\_\_\_

CITY CLERK'S OFFICE

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Magee Robert E DAYTIME TELEPHONE NUMBER (951) 805-7782 FAX NUMBER (optional) (951) 678-4502 E-MAIL (optional) bob@bobmagee.net

STREET ADDRESS 32400 Beechwood Lane CITY Lake Elsinore STATE CA ZIP CODE 92530

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME City of Lake Elsinore DISTRICT NUMBER, if applicable N/A  NON-PARTISAN PARTY: \_\_\_\_\_

OFFICE JURISDICTION  
 State (Complete Part 2.)  
 City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) 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.)

\_\_\_\_\_  
(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 2/4/16  
(month, day, year)

Signature \_\_\_\_\_  
(Candidate)