

Candidate Intention Statement

City of San Jose
Office of the City Clerk
Date Stamp

CALIFORNIA
FORM 501

For Official Use Only

Check One: ☐ Initial

☒ Amendment (Explain)

Address Change

FEB 12 2018

☒ ACCEPTED
☐ REJECTED

cg

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

LE, HOANG "CHRIS"

DAYTIME TELEPHONE NUMBER

(408) 667-7744

FAX NUMBER (optional)

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E-MAIL (optional)

chrishoang@sanjoseca.gov

STREET ADDRESS

[REDACTED]

CITY

SAN JOSE CA 95111

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

COUNCIL MEMBER

AGENCY NAME

CITY OF SAN JOSE

DISTRICT NUMBER, if applicable.

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☒ 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 information provided is true and correct.

Executed on

02/12/18
(month, day, year)

Signature

[REDACTED SIGNATURE]