

# Candidate Intention Statement

CITY CLERK'S OFFICE

Date Stamp <b>JUL 15 2024</b>	CALIFORNIA FORM <b>501</b>
For Official Use Only	

CITY OF LOS ALTOS

Check One:  Initial  Amendment  
(Explain)

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Steinle, Eric M.	DAYTIME TELEPHONE NUMBER ( 510 ) 928-0276	FAX NUMBER (optional) ( )	EMAIL (optional) Eric.Steinle@me.com43
STREET ADDRESS 4388 El Camino Real, Unit 249	CITY Los Altos	STATE CA	ZIP CODE
OFFICE SOUGHT (POSITION TITLE) City Council Member	AGENCY NAME City of Los Altos	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE:
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 Multi-County Jurisdiction)		2024 (Year of Election)	(Check one box, if applicable.) <input type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF

## 2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(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 July 12, 2024  
(month, day, year)

Signature   
(Candidate)