

Candidate Intention Statement

Check One: Initial

Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Marie K Hoch

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

Novato

CA

94949

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable

NON-PARTISAN OFFICE

City Council

City of Novato

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PARTY PREFERENCE:

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County:

City of Novato

(Name of Multi-County Jurisdiction)

2019

(Year of Election)

PRIMARY / GENERAL

SPECIAL / RUNOFF

(Check one box, if applicable.)

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

June 16 2019

(month, day, year)

Signature

Marie K Hoch

(Candidate)

