0				CANDIDATE INTENTION STATEMENT
Candidate Intention State	ement	Type or Print in Ink.	Date Stamp	CALIFORNIA 501
			RECEIVE	
Check One: W Initial	Amondment (Evelein)			For Official Use Only
Check One: 🗶 Initial [	Amendment (Explain)		10 SEP 17 A	0 :04
-		***************************************		
1. Candidate Information:			CITY DE TIL O FE	(
NAME OF CANDIDATE (Last, First, Middle Initial)	r	AYTIME TELEPHONE NUMBER FAX NU	CITY OF PASAT JMBER (optional) E-MAIL	(optional)
Margaret McAustin		626 ) 794-3972 (		austin@sbcglobal.net
STREET ADDRESS		ITY (	STATE ZIP CO	
969 Atchison St.	F	asadena a	CA 9110	4
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME		DISTRICT NUMBER, if applicable.	NON-PARTISAN
City Council Member	City of Pasadena		Two	PARTY:
OFFICE JURISDICTION				
State (Complete Part 2.)			2011	
☑ City ☐ County ☐ Multi-C	County:	(Name of Jurisdiction)	(Year of Election)	
(Check one box)  I accept the voluntary expendit  I do not accept the voluntary e  Amendment:  I did not exceed the expe	ure ceiling for the election state expenditure ceiling for the election state enditure ceiling for the primary or		and I <b>accept</b> the volui	ntary expenditure ceiling for
(Mark if applicable)	uted personal funds in excess o	f the expenditure ceiling for the election	n stated above	
,, 50/10/10/				
3. Verification:				
I certify under penalty of perjury u	under the laws of the State of C	alifornia that the going is true and o	orrect.	
		11		
Executed on September 16 (month, day, year,	, , , , , , , , , , , , , , , , , , ,	ignature (Candidate)		EDDO 5 504 (4 100)
		,	FPF	FPPC Form 501 (Jan/03) C Toll-Free Helpline: 866/ASK-FPPC 866/275-3772