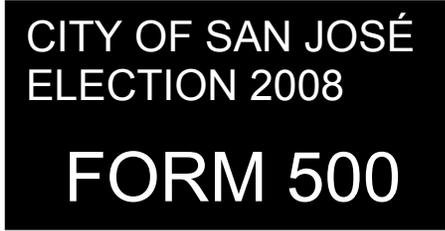


Expenditure Ceiling Statement

Please type or print in ink.

Date Stamp



Amendment, check only if applicable

I Candidate Information:

NAME OF CANDIDATE DAYTIME TELEPHONE NUMBER FAX NUMBER
MAILING ADDRESS STREET CITY ZIP CODE () ()

OFFICE SOUGHT DISTRICT NUMBER, IF APPLICABLE

OFFICE JURISDICTION (Check one box)

- State County of
- City of Multi-County

II Declaration Pursuant to San José Municipal Code Title 12, Part 5, Sections 12.06.500 – 12.06.560

Date of Election: ___/___/___ (Election Date)
(Check one box)
 I accept the voluntary expenditure ceiling for the election stated above. I will not transfer campaign funds collected for the primary to any ballot measure committee.
 I do not accept the voluntary expenditure ceiling for the election stated above.

Date of General Election – if applicable: ___/___/___ (Election Date)
(Check one box)
 I accept the voluntary expenditure ceiling for the election stated above. I will not transfer campaign funds collected for the election stated above to any ballot measure committee.
 I do not accept the voluntary expenditure ceiling for the election stated above.

III Ceiling Threshold: [Check applicable box(es)]

I reached 65% of the expenditure ceiling on: ___/___/___ (month, day, yr)
 I exceeded 75% of the expenditure ceiling on: ___/___/___ (month, day, yr)

IV Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on ___/___/___, 20___ Signature _____
(month, day) (year) (Candidate)