Candidate Intention Statement		RECEIVED	CALIFORNIA 501
Check One: Initial Amendment (E	xplain) Change P.O. Box #	JUL 3 1 2018	For Official Use Only
1. Candidate Information:		CITY CLERK	
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) E-MAIL	(optional)
Kamei, Ellen M	(650) 318-1124		@ellenkamei.com
STREET ADDRESS	CITY	STATE ZIP CC	
	Mountain View	CA 9404	1
OFFICE SOUGHT (POSITION TITLE) AGENCY	NAME	DISTRICT NUMBER, if applicable.	☑ NON-PARTISAN
	f Mountain View		PARTY:
OFFICE JURISDICTION State (Complete Part 2.) Mountain	n View	2018	
☑ City ☐ County ☐ Multi-County:	(Name of Multi-County Jurisdiction)	(Year of Election)	
2018	Special/runoff election election stated above.		
☐ I do not accept the voluntary expenditure ceiling Amendment:			
O I did not exceed the expenditure ceiling in the the general or special run-off election.	e primary or special election held on:/_	/ and I accept the volui	ntary expenditure ceiling for
(Mark if applicable)	and the state of t		
On/, I contributed personal fund	s in excess of the expenditure ceiling for the	election stated above.	
3. Verification:			
I certify under penalty of perjury under the laws of	of the State of California that the foregoing	is true and correct.	
Executed on, July 25, 2018, (month, day, year)	Signature (Candidate)	<u> </u>	FPPC Form 501 (Jar

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov