

Candidate Intention Statement

CALIFORNIA FORM 501

For Official Use Only

Date Stamp
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MAY 17 REC'D
ALBANY CITY CLERK

Check One: [x] Initial [] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Margaret (Peggy) McQuaid
DAYTIME TELEPHONE NUMBER [REDACTED]
FAX NUMBER (optional) ()
EMAIL (optional)
STREET ADDRESS [REDACTED]
CITY Albany STATE CA ZIP CODE 94707
OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME City of Albany
DISTRICT NUMBER, if applicable.
[] NON-PARTISAN OFFICE
OFFICE JURISDICTION (Check one box, if applicable.)
[] State (Complete Part 2.)
[] City [] County [] Multi-County: (Name of Multi-County Jurisdiction)
2024 (Year of Election)
[] PRIMARY / GENERAL
[] 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 May 14, 2024 (month, day, year)

Signature, [REDACTED]