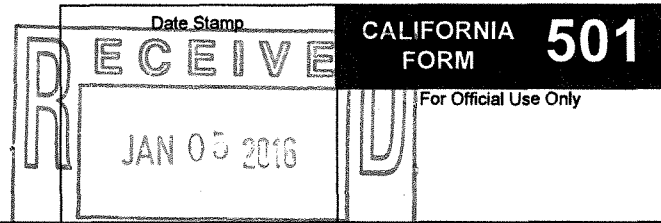


Candidate Intention Statement



Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) MARTIN-MILIUS, TARA L. DAYTIME TELEPHONE NUMBER (408) 733-5778 FAX NUMBER (optional) _____ E-MAIL (optional) TaraForCouncil@gmail.com

STREET ADDRESS _____ CITY SUNNYVALE STATE CA ZIP CODE 94085

OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL AGENCY NAME CITY OF SUNNYVALE DISTRICT NUMBER, if applicable. SEAT # 7 NON-PARTISAN PARTY: _____

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: _____ (Name of Multi-County Jurisdiction) Year of Election 2016

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

 (Year of Election) **Primary/general election** _____
 (Year of Election) **Special/runoff election**

(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 1/05/16
 (month, day, year)

Signature Tara Martin Milius
 (Candidate)