

Candidate Intention Statement

| | |
|--|--|
| Date Stamp CITY OF FOSTER CITY/ EMID 19 NOV 25 AM 9:32 RECEIVED | CALIFORNIA FORM 501 For Official Use Only |
|--|--|

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

| | | | |
|---|--|---------------------------------|--|
| NAME OF CANDIDATE (Last, First Middle Initial) <u>Patrick Sullivan</u> | DAYTIME TELEPHONE NUMBER [REDACTED] | FAX NUMBER (optional) () | EMAIL (optional) [REDACTED] |
| STREET ADDRESS [REDACTED] | CITY Foster City | STATE CA | ZIP CODE 94404 |
| OFFICE SOUGHT (POSITION TITLE) City Council | AGENCY NAME City of Foster City | DISTRICT NUMBER, if applicable. | <input type="checkbox"/> NON-PARTISAN OFFICE |
| OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: | San Mateo (Name of Multi-County Jurisdiction) | 2020 (Year of Election) | PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 11-20-2019
(month, day, year)

Signature [REDACTED]
(Candidate)