

Candidate Intention Statement

CITY OF FOSTER CITY/
EMID

CALIFORNIA
FORM 501

For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

18 JAN -5 PM 4:17

RECEIVED

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Williams, Paul, C

DAYTIME TELEPHONE NUMBER

([REDACTED])

FAX NUMBER (optional)

() n/a

E-MAIL (optional)

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.

☒ NON-PARTISAN

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: _____

(Name of Multi-County Jurisdiction)

2018

(Year of Election)

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 [REDACTED] and correct.

Executed on

Jan 5, 2018

(month, day, year)

Signature

[REDACTED]