

# Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) \_\_\_\_\_

Date Stamp CITY OF FOSTER CITY EMID 18 AUG -6 AM 9:26 RECEIVED	<b>CALIFORNIA FORM 501</b> For Official Use Only
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## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <b>GEHANI, SANJAY R.</b>	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ( ) <b>N/A</b>	E-MAIL (optional)
STREET ADDRESS [REDACTED]	CITY <b>FOSTER CITY</b>	STATE <b>CA</b>	ZIP CODE <b>94404</b>
OFFICE SOUGHT (POSITION TITLE) <b>CITY COUNCIL</b>	AGENCY NAME <b>CITY OF FOSTER CITY</b>	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> 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 State of California that the foregoing is true and correct.

Executed on **AUGUST 1, 2018**  
(month, day, year)

Signature \_\_\_\_\_