Candidate Intention Statement

Check One: ☑ Initial  □ Amendment (Explain) __________________________

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)  Brooks, LaTisa

STREET ADDRESS  

OFFICE Sought (POSITION TITLE)  City Council

AGENCY NAME  Foster City

CITY  Foster City

STATE  CA

ZIP CODE  94404

DAYTIME TELEPHONE NUMBER  

FAX NUMBER (Optional)  

EMAIL ADDRESS  

2. State Candidate Expenditure Limit Statement:

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

☐ 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.

☐ 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 07 10 2020  Signature  

FPPC Form 501 (August/2018)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
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