Candidate Intention Statement

Check One: ☑ Initial ☐ Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE: Mahanpour, Catherine

STREET ADDRESS:  

OFFICE SOUGHT (POSITION TITLE): City Council Member

AGENCY NAME: Foster City

CITY: Foster City

STATE: CA

ZIP CODE: 94404

DAYTIME TELEPHONE NUMBER:  

FAX NUMBER (optional):  

EMAIL (optional):  

DISTRICT NUMBER, if applicable:  

PARTY PREFERENCE: PRIMARY / GENERAL

(Check one box, if applicable)

OFFICE JURISDICTION

☐ State (Complete Part 2)

☑ City

☐ County

☐ Multi-County

(NAME OF MULTI-COUNTY JURISDICTION)

11/03/2020

(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)

☐ 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 07/29/2020  

Signature:  

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