Candidate Intention Statement

Check One:  ☑ Initial   □ Amendment (Explain) ____________________________

1. Candidate Information:

NAME OF CANDIDATE:  Sullivan Patrick J

DAYTIME TELEPHONE NUMBER:  [Redacted]  FAX NUMBER (optional):  [Redacted]

CITY:  Foster City  STATE:  CA  ZIP CODE:  94404

AGENCY NAME:  

DISTRICT NUMBER, if applicable:  

☑ NON-PARTISAN OFFICE

PARTY PREFERENCE:  ☑ PRIMARY / GENERAL

☐ State (Complete Part 2.)  ☑ City  ☐ County  ☐ Multi-County:  

OFFICE JURISDICTION:  [Redacted]  (Name of Multi-County Jurisdiction)  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

Executed on 08 07 2020

(month, day, year)  Signature:  [Redacted]

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