Candidate Intention Statement

Check One: ☑️ Initial  ☐ Amendment (Explain)  

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)  
Sam Hindi  
DAYTIME TELEPHONE NUMBER  
( )  
FAX NUMBER (optional)  
EMAIL (optional)  
samhindi4citycouncil@gmail.com  
STREET ADDRESS  
CITY  
Foster City  
STATE  
CA  
ZIP CODE  
94404  
OFFICE SOUGHT (POSITION TITLE)  
Agency Name  
City Council  
City of Foster City  
DISTRICT NUMBER, if applicable  
NON-PARTISAN OFFICE  
PARTY PREFERENCE  
☐ State (Complete Part 2.)  
☑️ City  
☐ County  
☐ Multi-County:  
(Name of Multi-County Jurisdiction)  
2020  
(Year of Election)  
☐ PRIMARY / GENERAL  
☑️ SPECIAL / RUNOFF  

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  

Executed on 07/10/20  
Signature  

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