

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
	For Official Use Only

Check One: Initial Amendment (Explain) _____

CITY OF DAY CITY
CITY CLERK

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Ali T. Shakeel DAYTIME TELEPHONE NUMBER (415) FAX NUMBER (optional) _____ EMAIL (optional) _____

STREET ADDRESS _____ St. CITY Day City STATE CA ZIP CODE 94014

OFFICE SOUGHT (POSITION TITLE) City Council Person AGENCY NAME Day City DISTRICT NUMBER, if applicable _____ NON-PARTISAN OFFICE

OFFICE JURISDICTION State (Complete Part 2) City County Multi-County: _____ (Name of Multi-County Jurisdiction) PARTY PREFERENCE: (Check one box, if applicable.)

PRIMARY / GENERAL SPECIAL / RUNOFF

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.)

(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 7-6-2020
(month, day, year)

Signature _____
(Candidate)