

Candidate Intention Statement

Date Stamp CITY CLERK 2020 AUG -4 P 3:10	CALIFORNIA FORM 501
	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Judith A. Christensen</u>		DAYTIME TELEPHONE NUMBER () ()	FAX NUMBER (optional) () ()	EMAIL (optional)
CITY <u>Daly City</u>	STATE <u>CA</u>	ZIP CODE <u>94014</u>		
OFFICE SOUGHT (POSITION TITLE) <u>Daly City Council</u>	AGENCY NAME <u>Daly City</u>	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
OFFICE JURISDICTION		PARTY PREFERENCE:		
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		(Check one box, if applicable.) <input type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF		
		<u>2020</u> (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 August 4, 2020 (month, day, year) Signal [Signature] (Candidate)