Candidate Intention Statement

Check One: ☒ Initial  ☐ Amendment (Explain) __________________________

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)
Sylvester, Glenn, R

STREET ADDRESS
2...

CITY
Daly City

STATE
CA

ZIP CODE
94014

AGENCY NAME
Daly City

DISTRICT NUMBER, if applicable

NON-PARTISAN OFFICE

PARTY PREFERENCE:

OFFICE JURISDICTION
☒ 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 CalSTRA 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

[Signature]

Executive on __/__/____

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