

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp
 CITY OF DALY CITY
 CITY CLERK
 2018 MAR 13 P 2:21

CALIFORNIA FORM 501 For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Christensen, Judith A. DAYTIME TELEPHONE NUMBER (415) _____ FAX NUMBER (optional) _____ E-MAIL (optional) _____

STREET ADDRESS _____ CITY Daly City STATE CA ZIP CODE 94014

OFFICE SOUGHT (POSITION TITLE) City Council member AGENCY NAME City of Daly City DISTRICT NUMBER, if applicable. _____ NON-PARTISAN PARTY: _____

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2018 (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.)

_____/_____/_____ Primary/general election _____ Special/runoff election
 (Year of Election) (Year of Election)

(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 March 13, 2018 Signature _____
 (month, day, year) (Candidate)