

Candidate Intention Statement

Date Stamp

CALIFORNIA
FORM 501

Check One: Initial Amendment (Explain) _____

For Official Use Only
CITY OF DALY CITY
CITY CLERK

2021 AUG -5 PM 2:43

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Sylvester, Glenn R

STREET ADDRESS

DAYTIME TELEPHONE NUMBER

(_____, _____)

FAX NUMBER (optional)

(_____)

EMAIL (optional)

RECEIVED

STATE ZIP CODE

CITY

Daly City

STATE

CA 94014

OFFICE SOUGHT (POSITION TITLE)

Council Member

AGENCY NAME

City of Daly City

DISTRICT NUMBER, if applicable

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County: _____

(Name of Multi-County Jurisdiction)

PRIMARY / GENERAL

SPECIAL / RUNOFF

(Check one box, if applicable.)

2024

(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

08/05/21
(month, day, year)

Signature