

Candidate Intention Statement

Check One: Initial Amendment
(Explain)

Date Stamp

CALIFORNIA
FORM

501

For Official Use Only

CITY OF DALY CITY
CITY CLERK

2024 JAN -3 AM 10:17

RECEIVED

EMAIL (optional)

sylvesterfordccouncil2024@gmail.com

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Sylvester, Glenn, R.

DAYTIME TELEPHONE NUMBER

(415) _____

FAX NUMBER (optional)

() _____

EMAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

Daly City

CA

94014

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

Council Member

City of Daly City

PARTY PREFERENCE:

OFFICE JURISDICTION

State (Complete Part 2.)

(Check one box, if applicable.)

City County Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

PRIMARY / GENERAL

SPECIAL / RUNOFF

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 _____
(month, day, year)

Signature

(Candidate)