

Candidate Intention Statement

Date Stamp

CALIFORNIA
FORM

501

For Official Use Only

Check One: ☒ Initial ☐ Amendment
(Explain)

CITY OF DALY CITY
CITY CLERK

2024 JAN -3 AM 10:17

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

Sylvester, Glenn, R.

(415)

()

sylvesterfordccouncil2024@gmail.com

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

(Check one box, if applicable.)

☐ State (Complete Part 2.)☒ PRIMARY / GENERAL☒ City ☐ County ☐ Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

☐ 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)