Candidate Intention Statement

Check One: ☑ Initial ☐ Amendment (Explain)

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

STREET ADDRESS
City of Daly City

OFFICE SOUGHT (POSITION TITLE)
Council Member

AGENCY NAME
City of Daly City

DAYTIME TELEPHONE NUMBER
( 415 )

FAX NUMBER (optional)

EMAIL (optional)
sylvesterfordccouncil2024@gmail.com

CITY

STATE
CA

ZIP CODE
94014

OFFICE JURISDICTION
☐ State (Complete Part 2.)
☑ City ☐ County ☐ Multi-County: Daly City

AGENCY NAME
City of Daly City

DISTRICT NUMBER, if applicable.

PARTY PREFERENCE:
☑ NON-PARTISAN OFFICE

(Please check one box, if applicable.)

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.)

☐ 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 for 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)