

Candidate Intention Statement

<b>RECEIVED</b> Date Stamp JUL 25 2018 CITY CLERK	<b>CALIFORNIA FORM 501</b>
	For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) shaw porter Adonica M DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) ( ) E-MAIL (optional) [REDACTED]

STREET ADDRESS [REDACTED] CITY Pacifica STATE CA ZIP CODE 94044

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME City of Pacifica 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 7/25/18  
 (month, day, year)

Signature [Handwritten Signature]  
 (Candidate)