Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT
CALIFORNIA FORM 501

Date Stamp RECEIVED 2013 MAR 12 AM 10:39 CITY OF FOSTER CITY FINANCIAL SERVICES DEPT.

For Official Use Only

Check One: ☑ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
POLLARD GARY M.	(415) 519-4279	( )	GMPCTC@GMAIL.COM

STREET ADDRESS	CITY	STATE	ZIP CODE
253 THATCHER LANE	FOSTER CITY	CA	94404

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	☒ NON-PARTISAN / PARTY:
CITY COUNCIL			

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction) 2013 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

_____ (Year of Election) ***Primary/general election*** _____ (Year of Election) ***Special/runoff 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 03/11/2013 (month, day, year), Signature _____ (Candidate)