

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM <b>501</b>
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2022 JUL 25 P 4:51	

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Adams, Evan	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ( )	EMAIL (optional) evan4fc@gmail.com
STREET ADDRESS [REDACTED]	CITY Foster City	STATE CA	ZIP CODE 94404
OFFICE SOUGHT (POSITION TITLE) City Council Member	AGENCY NAME City of Foster City	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION			PARTY PREFERENCE:
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ <small>(Name of Multi-County Jurisdiction)</small>			<small>(Check one box, if applicable.)</small> <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF
			2022 <small>(Year of Election)</small>

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 7, 25, 2022 Signature [REDACTED]  
(month, day, year) (Candidate)