RECEIVED

Candidate Intention Statement	Date Stamp CALIFORNIA 501
Check One:	CITY OF FOSTER CITY COMMUNICATIONS
1. Candidate Information:	CARRENT FARM
NAME OF CANDIDATE (Last, First Middle Initial) AWASTHI RICHA STREET ADDRESS CITY FOSTER CITY.	FAX NUMBER (optional) () STATE 21PCODE CA 94404
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME COUNCIL MEMBER, FOSTER CITY OFFICE JURISDICTION	DISTRICT NUMBER, if applicable. PARTY PREFERENCE: (Check one box, if applicable.)
State (Complete Part 2.) City County Multi-County: (Name of Multi-County Jurisdiction)	2022 □ PRIMARY / GENERAL □ SPECIAL / RUNOFF
(Check one box) 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 he ceiling for the general or special run-off election.	eld on/ and I accept the voluntary expenditure
(Mark if applicable)	Miles.
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 for	egoing is true and correct.
(Candidate)	FPPC Advice: advice@fnpc.ca.gov.(866/275-2772)

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