

# Candidate Intention Statement

RECEIVED Date Stamp <b>MAY 29 2018</b> 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) Bier, Mary, K	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.	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> 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.)*

\_\_\_\_\_  
(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 May 29 2018 Signature   
(month, day, year) (Candidate)