Candidate Intention Statement

Check One: ☒ Initial  ☐ Amendment (Explain) __________________________

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) LITSTER, ELAINE P.

OFFICE SOUGHT (POSITION TITLE) COUNCIL MEMBER

AGENCY NAME ____________

DISTRICT NUMBER, if applicable 3

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City  ☑ County  ☐ Multi-County: ____________________________

(Name of Multi-County Jurisdiction)____________________________

PARTY PREFERENCE: ☑ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

☐ 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.

☐ 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 ____________

Signature __________________________

(Candidate) 3/4/20

FPPC Form 501 (August/2018)
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