		RECEIVE	
Candidate Intention Statement		Date Star	CALIFORNIA 501
		JUN 2 1 201	FORM JUI
Check One:		0011 2 1 1201	For Official Use Only
		CITY CLEF	RK
1. Candidate Information:			
NAME OF CANDIDATE (Last, First, Middle Initial) DAYTH DAYTH	ME TELEPHONE NUMBER FA	X NUMBER (optional)	E-MAIL (optional)
STREET ADDRESS CITY		STATE	ZIP CODE
Paci	fica	CA	94044
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME		DISTRICT NUMBER,	if applicable. NON-PARTISAN
City Council Pacifica			PARTY:
OFFICE JURISDICTION State (Complete Part 2.)			
2018			
☑ City ☐ County ☐ Multi-County: (Name of Multi-County Jurisdiction) (Year of Election)			
(Check one box) I accept the voluntary expenditure ceiling for the election stated ab Amendment: I did not exceed the expenditure ceiling in the primary or spetthe general or special run-off election.	tated above.	_/ and I accept	the voluntary expenditure ceiling for .
(Mark if applicable) On/, I contributed personal funds in excess of the	e expenditure ceiling for the ele	ection stated above.	
I certify under penalty of perjury under the laws of the State of C	California that the foregoing is	true and correct	
1 sorting and of politically and a fine laws of the state of C	A long the long only is	THE GIR CONTECT.	
Executed on	(Candidate)		FPPC Form 501 (Jan/2

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov