Candidate Intention Statement	RECEIVED CALIFORNIA 501
Check One:	JUL 1 & 2018
1. Candidate Information:	CITY CLERK
NAME OF CANDIDATE (Last, First, Middle Initial)  DAYTIME TELEPHONE NUMBER  DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)F-MAIL (optional)
O Neill Michael J	( )
OFFICE SOUGHT (POSITION TITLE)  PACIFICA  CITY  PACIFICA  CITY  AGENCY NAME  Council	STATE ZIP CODE  CA 94044  DISTRICT NUMBER, If applicable. XNON-PARTISAN
	PARTY:
OFFICE JURISDICTION /  State (Complete Part 2.)	
City County Multi-County: (Name of Multi-County Jurisdiction)	(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.)	
20/8/(Year of Election) Primary/general election (Year of Election) Special/runoff election	••
(Check one box)  All accept the voluntary expenditure ceiling for the election stated above.	
☐ I do not accept the voluntary expenditure ceiling for the election stated above.  Amendment:	
O 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 epplicable)  On	
3. Verification:	
I certify under penalty of perjury under the laws of the State of California that the forego	oing is true and correct.
Executed on July (8, 20/8, Signature Miles (Candidate)	FPPC Form 501 (Jan/20

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