

Candidate Intention Statement

<b>RECEIVED</b>	
Date Stamp AUG 07 2020	<b>CALIFORNIA FORM 501</b>
CITY CLERK	For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Vaterlaus, Susan E DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED] EMAIL (optional) [REDACTED]

STREET ADDRESS [REDACTED] CITY Pacific STATE CA ZIP CODE 94044

OFFICE SOUGHT (POSITION TITLE) City Council Dist 1 AGENCY NAME City of Pacifica DISTRICT NUMBER, if applicable. 1  NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.)  PRIMARY / GENERAL

City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction)  SPECIAL / RUNOFF

2020 (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.)

(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 8/7/2020  
(month, day, year)

Signature Susan Vaterlaus  
(Candidate)