

# Candidate Intention Statement

Date Stamp

CALIFORNIA  
FORM

501

For Official Use Only

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

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Matthew Salter

DAYTIME TELEPHONE NUMBER

(415) 828-5800

FAX NUMBER (optional)

( )

EMAIL (optional)

msalter@gmail.com

STREET ADDRESS

Council Member

CITY

Town of Ross

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION

(Check one box, if applicable.)

☐ State (Complete Part 2.)☒ City☐ County☐ Multi-County:

(Name of Multi-County Jurisdiction)

2024  
(Year of Election)☒ 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.)

(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

12/6/23  
(month, day, year)

Signature

Matthew Salter  
(Candidate)

FPPC Form 501 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov