

Candidate Intention Statement

Check One: ☒ Initial

☐ Amendment (Explain) _____

Date Stamp

CALIFORNIA
FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Shadi AbouKhater

DAYTIME TELEPHONE NUMBER

(415) 823-1110

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

Council Member

CITY

Ross Town Council

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

Ross

AGENCY NAME

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN OFFICE

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City

☐ County

☐ Multi-County:

Ross

(Name of Multi-County Jurisdiction)

PARTY PREFERENCE:

(Check one box, if applicable.)

☒ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

24
(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.

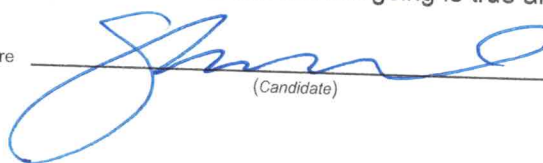
3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

12/11/24
(month, day, year)

Signature


(Candidate)