

JUN 19 2018

# Candidate Intention Statement

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Human Resources

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

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) **Beckmeyer, Susan E.** DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) ( ) E-MAIL (optional) [REDACTED]

STREET ADDRESS [REDACTED] CITY **Pacifica** STATE **CA** ZIP CODE **94044**

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

\_\_\_\_\_  
(Year of Election) **Primary/general election** \_\_\_\_\_  
(Year of Election) **Special/runoff election**

(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 6-11-18  
(month, day, year)

Signature Susan E Beckmeyer  
(Candidate)