

Candidate Intention Statement

Date Stamp RECEIVED AUG 07 2020 CITY OF UNION CITY CITY CLERK'S OFFICE	CALIFORNIA FORM 501
	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) SANDRA HOLDER-GRAYSON	DAYTIME TELEPHONE NUMBER (510)	FAX NUMBER (optional) (510)	EMAIL (optional) SANDIHOLDER@GMAIL.COM
STREET ADDRESS	CITY UNION CITY	STATE CA	ZIP CODE 94587
OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL MEMBER	AGENCY NAME CITY OF UNION CITY	DISTRICT NUMBER, if applicable. ONE	<input type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: DEM
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County:	CITY OF UNION CITY (Name of Multi-County Jurisdiction)	2020 (Year of Election)	(Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 08 06 2020 Signature _____
(month, day, year)