

Candidate Intention Statement



CALIFORNIA FORM 501 For Official Use Only

Check One: Initial Amendment (Explain) Re-election

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Showalter, Patricia A. DAYTIME TELEPHONE NUMBER (650) 967-0865 FAX NUMBER () E-MAIL (optional) patshow4mva@gmail.com
STREET ADDRESS [REDACTED] CITY Mountain View STATE CA ZIP CODE 94040
OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME City of Mountain View DISTRICT NUMBER, if applicable. PARTY: [X] NON-PARTISAN
OFFICE JURISDICTION
[] State (Complete Part 2.)
[X] City [] County [] Multi-County: (Name of Multi-County Jurisdiction)
2018 (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.)

Primary/general 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 October 25, 2017 (month, day, year)

Signature Patricia Showalter (Candidate)