

Candidate Intention Statement

CITY OF HALF MOON BAY

CALIFORNIA FORM 501

Check One: Initial Amendment (Explain)

AUG 1 2024

For Official Use Only

RECEIVED

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Nayengast, Paul T

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

Half Moon Bay

CA

94019

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

City Councilmember

City of Half Moon Bay

3

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County:

(Name of Multi-County Jurisdiction)

2024

(Year of Election)

PRIMARY / GENERAL

SPECIAL / RUNOFF

PARTY PREFERENCE:

(Check one box, if applicable.)

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

July 27, 2024

(month, day, year)

Signature

Paul Nayengast (Candidate)