Candidate Intention Statement

CITY OF HALF MOON BAY (Date Stamp) AUG 7 2024 RECEIVED

CALIFORNIA FORM 501

For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial): Jonsson Patric Bo

DAYTIME TELEPHONE NUMBER: ([redacted])

FAX NUMBER (optional): ( )

EMAIL (optional):

STREET ADDRESS: [redacted]

CITY: HMB

STATE: CA

ZIP CODE: 94019

OFFICE SOUGHT (POSITION TITLE): District 2

AGENCY NAME: Half Moon Bay City Council

DISTRICT NUMBER, if applicable: 2

☐ NON-PARTISAN OFFICE

PARTY PREFERENCE:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

2024 (Year of Election)

(Check one box, if applicable.)

☒ PRIMARY / GENERAL

☐ 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 Aug 7 2024 (month, day, year)

Signature Patric Bo Jonsson (Candidate)