

Candidate Intention Statement

CALIFORNIA FORM 501

For Official Use Only

Date Stamp

JUL 24 2024

RECEIVED

Check One:  Initial  Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Parback, Harvey

FAX NUMBER (optional)

EMAIL (optional)

harveyhmba@gmail.com

STREET ADDRESS

Half Moon Bay

STATE

ZIP CODE

CA 94019

AGENCY NAME

Half Moon Bay City Council

DISTRICT NUMBER, if applicable.

2

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

City  County  Multi-County:

(Name of Multi-County Jurisdiction)

PARTY PREFERENCE:

(Check one box, if applicable.)

PRIMARY / GENERAL

SPECIAL / RUNOFF

2024

(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.)

(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 21, 2024

(month, day, year)

Signature

[Handwritten Signature]

(Candidate)