

Candidate Intention Statement

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Check One: [X] Initial [] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Conlan, Elizabeth, K. DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional) STREET ADDRESS CITY Santa Cruz STATE CA ZIP CODE 95062 OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME City of Santa Cruz DISTRICT NUMBER, if applicable. [X] NON-PARTISAN OFFICE OFFICE JURISDICTION [X] City [] County [] Multi-County: (Name of Multi-County Jurisdiction) 2020 (Year of Election) [X] 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 07 18 2020 (month, day, year)

Signature Elizabeth Conlan (Candidate)