		4	
Candidate Intention Statement	Type or Print in Ink.	CETVE Date Stamp	CALIFORNIA 501 FORM
Check One: ⊠ Initial ☐ Amendment (Expla		APR-9 AHII: 06 SANDIEGO, CALIF	For Official Use Only
1. Candidate Information:			
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) E-MAI	L (optional)
Cate, Christopher, J	,	( )	•
STREET ADDRESS	CITY	STATE ZIP CO	ODE
	San Diego	CA 921:	
OFFICE SOUGHT (POSITION TITLE) AGENCY NAI	νie .	DISTRICT NUMBER, if applicable.	☑ NON-PARTISAN
City Council City of Sa	n Diego	6	PARTY:
OFFICE JURISDICTION  State (Complete Part 2.)  City County Multi-County:	(Name of Multi-County Jurisdiction)	2014 (Year of Election)	
2. State Candidate Expenditure Limit Statemer (CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates, and candidates, and candidates, and candidates, and candidates, and candidates, judges, judicial candidates, and candidates, judges, judicial candidates, and candidates, and candidates, judges, judicial candidates, and candidates, and candidates, and candidates, and candidates, judges, judicial candidates, and candidates, and candidates, judges, judicial candidates, and candidates, a		- The state of the	
(Check one box)  I accept the voluntary expenditure ceiling for the elec	tion stated above.		
☐ I do not accept the voluntary expenditure ceiling for Amendment:  ☐ I did not exceed the expenditure ceiling in the paths the general or special run-off election.	the election stated above.	and I accept the volu	intary expenditure ceiling for
(Mark if applicable)	excess of the expenditure coiling for the	ne election stated above	

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the for going is true and correct.

April 9, 2013 Executed on ... (month, day, year)