

Candidate Intention Statement

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

1. Candidate Information:

NAME OF CANDIDATE: PAT CARADIET; DAYTIME TELEPHONE NUMBER: [REDACTED]; FAX NUMBER: () ; EMAIL: patcaradietforbelvedere@gmail.com; STREET ADDRESS: [REDACTED]; CITY: BELVEDERE; STATE: CA; ZIP CODE: 94970; OFFICE SOUGHT: CITY COUNCIL; AGENCY NAME: CITY BELVEDERE; DISTRICT NUMBER: ; OFFICE JURISDICTION: [X] City; PARTY PREFERENCE: [X] PRIMARY / GENERAL; Year of Election: 2024

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 9/15/2024 Signature [REDACTED]