Candidate Intention Statement

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JUL 01 2026
CITY OF SAND CITY

Date Stamp

CALIFORNIA FORM **501**

For Official Use Only

Check One: ☑ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Luke E Kilpatrick	([redacted]	( )	luke@lukek.ca

STREET ADDRESS	CITY	STATE	ZIP CODE
[redacted]	Sand City	CA	93955

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	☑ NON-PARTISAN OFFICE / PARTY PREFERENCE:
City Council Member	City of Sand City		

OFFICE JURISDICTION

☐ State (Complete Part 2.)

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

2026 (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.)

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(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 06 21 2026 (month, day, year)

Signature Luke Kilpatrick (Candidate)

Luke Kilpatrick