

Candidate Intention Statement

RECEIVED
 Date-Stamp
JUL 27 2017
 City of Sausalito

CALIFORNIA FORM **501**
 For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

WERNER, WILLIAM A

STREET ADDRESS

DAYTIME TELEPHONE NUMBER

[REDACTED]

FAX NUMBER (optional)

(415) 332-9311

E-MAIL (optional)

waw94965@gmail.com

CITY

STATE

ZIP CODE

SAUSALITO

CA

94965-2422

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable. NON-PARTISAN

CITY COUNCIL MEMBER

CITY OF SAUSALITO

PARTY:

OFFICE JURISDICTION

State (Complete Part 2.)

County

Multi-County:

_____ (Name of Multi-County Jurisdiction)

2017

(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.)

(Year of Election) **Primary/general election** 2017 **Special/runoff election**

(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 25, 2017
(month, day, year)

Signature

(Candidate)