

Candidate Intention Statement

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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Blaumen Melissa S DAYTIME TELEPHONE NUMBER (415) 425 1472 FAX NUMBER (optional) _____ E-MAIL (optional) aug65
 STREET ADDRESS 225 Louise St. CITY CA STATE CA ZIP CODE _____
 OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME _____ DISTRICT NUMBER, if applicable, _____ PARTY: NON-PARTISAN
 OFFICE JURISDICTION City State (Complete Part 2.) County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ YEAR OF ELECTION 2017

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, Judges, judicial candidates, and candidates for local offices do not complete Part 2.)

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

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 information provided is true and correct.

Executed on 8/11/17 Signature _____
 (month, day, year)