

Candidate Intention Statement

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City of Sausalito

AUG 10 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)
Cleveland-Knowles, Susan, S.

STREET ADDRESS
590 Sausalito Blvd.

OFFICE SOUGHT (POSITION TITLE)
Member of City Council

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: N/A

AGENCY NAME
City of Sausalito

CITY
Sausalito

DAYTIME TELEPHONE NUMBER
(415) 332-8678

STATE
CA

E-MAIL (optional)
susancleveland@aol.com

FAX NUMBER (optional)
() N/A

DISTRICT NUMBER, if applicable.
N/A

NON-PARTISAN
 NON-PARTISAN

PARTY:

ZIP CODE
94965

(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 (Year of Election) _____ Special/runoff election (Year of 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 8/9/17 (month, day, year) _____ Signature _____ (Candidate)