

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Check One: ☐ Initial ☐ Amendment (Explain) _____

Date Stamp

JUL 27 2005

CITY OF SAUSALITO

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Rene W DeBruin

DAYTIME TELEPHONE NUMBER (415) 990 9490

FAX NUMBER (optional) _____

E-MAIL (optional) JAUSALITO1@comcast.net

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

Coordinator

SAUSALITO

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable. _____

☐ NON-PARTISAN

PARTY: _____

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: _____

(Name of Multi-County Jurisdiction)

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

(Year of Election) Primary/general election

(Year of Election) 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 07/27/09
(month, day, year)

Signature _____

(Candidate)