CANDIDATE INTENTION STATEMENT

Candidate Intention Statement

Type or Print in Ink.

Date Stamp
RECEIVED
JUL 29 2010
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)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Cox, Deirdre Joan	(415) 332-1099	(415) 332-3880	joancoxforcouncil@gmail.com

STREET ADDRESS	CITY	STATE	ZIP CODE
[redacted]	Sausalito	CA	94965

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, If applicable.	☒ NON-PARTISAN / PARTY:
City Council	City of Sausalito		

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction) 2010 (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 July 5, 2010 (month, day, year)

Signature _____ (Candidate)