Candidate Intention Statement

Type or Print In Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE *(Last, First, Middle Initial)*: Jonathan W Leone

DAYTIME TELEPHONE NUMBER: (415) 887-4240

FAX NUMBER *(optional)*: ( )

E-MAIL *(optional)*: jonathan@jonathanleone.com

STREET ADDRESS: [redacted]

CITY: Sausalito

STATE: CA

ZIP CODE: 94965

OFFICE SOUGHT (POSITION TITLE): City Council Member

AGENCY NAME:

DISTRICT NUMBER, *if applicable.*:

☐ NON-PARTISAN

PARTY:

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 8/6/2010 *(month, day, year)*

Signature _____ *(Candidate)*