

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501
For Official Use Only

RECEIVED

Date Stamp

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Ford Carolyn S. DAYTIME TELEPHONE NUMBER (415) 332-3409 FAX NUMBER (optional) _____ E-MAIL (optional) _____

STREET ADDRESS P.O. Box 2907 CITY Sausalito STATE CA ZIP CODE 94966

OFFICE SOUGHT (POSITION TITLE) P.O. Box 2907 AGENCY NAME Sausalito DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY: _____

OFFICE JURISDICTION Sausalito City Council, City of Sausalito CITY _____

State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2009 (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) 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 7-21-09
(month, day, year)

Signature Carolyn S. Ford
(Candidate)