CANDIDATE INTENTION STATEMENT

Candidate Intention Statement

Type or Print in Ink.

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One: [X] Initial [ ] Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial): Weiner Herb

DAYTIME TELEPHONE NUMBER: (415) 331-9117

FAX NUMBER (optional): ( )

E-MAIL (optional):

STREET ADDRESS: [redacted]

CITY: Sausalito

STATE: CA

ZIP CODE: 94965

OFFICE SOUGHT (POSITION TITLE): City Councilmember

AGENCY NAME:

DISTRICT NUMBER, if applicable.

[ ] NON-PARTISAN

PARTY:

OFFICE JURISDICTION

[ ] State (Complete Part 2.)

[X] 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.)

2010 (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 8/6/10 (month, day, year), Signature [signature] (Candidate)