

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) GLASS David A. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) (707) E-MAIL (optional) [REDACTED] STREET ADDRESS Councilmember CITY STATE ZIP CODE OFFICE SOUGHT (POSITION TITLE) City of Petaluma AGENCY NAME DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY: OFFICE JURISDICTION  State (Complete Part 2.)  City  County  Multi-County: (Name of Multi-County Jurisdiction) 2008 (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.)

Primary/general 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 8-08-08 (month, day, year)

Signature David A. Glass (Candidate)