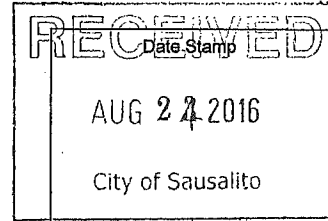


Candidate Intention Statement



CALIFORNIA FORM 501

For Official Use Only

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Joe Burns
DAYTIME TELEPHONE NUMBER (415) 450-8855
FAX NUMBER (optional)
E-MAIL (optional) JoeBurnsMail@gmail.com
STREET ADDRESS 426 Turney St.
CITY Sausalito STATE Ca ZIP CODE 94965
OFFICE SOUGHT (POSITION TITLE) City Council
AGENCY NAME Sausalito
DISTRICT NUMBER, if applicable.
[ ] NON-PARTISAN
OFFICE JURISDICTION
[ ] State (Complete Part 2.)
[X] City [ ] County [ ] Multi-County: Sausalito
2016 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

2016 Primary/general election Special/runoff election
(Year of Election)

(Check one box)

[X] 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 8/23/16 (month, day, year)

Signature [Redacted]

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov