

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) Cox, Deirdre Joan DAYTIME TELEPHONE NUMBER (415) 754-5100 FAX NUMBER (optional) (415) 332-3880 E-MAIL (optional) joancox@sausalito@gmail.com

STREET ADDRESS 846 Olima St. CITY Sausalito STATE CA ZIP CODE 94965

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME City of Sausalito DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY:

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: _____ (Name of Multi-County Jurisdiction) 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.)

 (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 July 11, 2016
(month, day, year)

Signature: [Redacted]

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

