

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

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

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1. Candidate Information:

NAME OF CANDIDATE: Colin, Kate B. DAYTIME TELEPHONE NUMBER: (415) 205-3119 FAX NUMBER: () E-MAIL: kbcolin@gmail.com STREET ADDRESS: 18 Culloden Park Road CITY: San Rafael STATE: CA ZIP CODE: 94901 OFFICE SOUGHT: City Council Member AGENCY NAME: San Rafael City Council DISTRICT NUMBER: [] NON-PARTISAN PARTY: [X] OFFICE JURISDICTION: [X] City [] County [] Multi-County: _____ 2013 (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.)

Primary/general 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 February 24, 2013 (month, day, year)

Signature Kate Colin (Candidate)