

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

<p>Received</p> <p>Date Stamp</p> <p>AUG 07 2013</p> <p>Time:</p> <p>City Clerk's Office</p> <p>City of San Rafael</p>	<p>CALIFORNIA FORM 501</p> <p>For Official Use Only</p>
	<p> </p>

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Warren, Randy L	(415) 225 3258	(415) 4440766	randy@rw4cc.com
STREET ADDRESS	CITY	STATE	ZIP CODE
63 El Para Real Circle City Co. PO Box 6285	San Rafael	CA	94903
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN
City Council, City of San Rafael			PARTY:
OFFICE JURISDICTION	<input type="checkbox"/> State (Complete Part 2) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (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 8/7/13
(month, day, year)

Signature [Signature]
(Candidate)