Candidate Intention Statement			Date Stamp		CALIFORNIA 501
Check One: 図Initial	☐Amendment (Explain)		RECEIV	'ED	FORM For Official Use Only
		Ø.	MAY 0 9 20	)18	đ
			CITY CLE	RK	
1. Caṇdidate Information:		•			•
NAME OF CANDIDATE (Last, First, Middle Init	ial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (c	ptional)
D'Lynda Fischer STREET ADDRESS		CITY	( )	715 000	
SIREEI AUDRESS	·	•	STATE	ZIP CODE	:
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	Petaluma	CA DISTRICT NUMBER,	94952	☑ NON-PARTISAN
City Council Member		ma ·		[*	
OFFICE JURISDICTION	City of Petalu	, ,			PARTY:
State (Complete Part 2.)			0.0	4.0	
🛛 City 🔲 County 🔲 Mu	Iti-County:	(Name of Multi-County Jurisdiction)	20 (Year of	18 Election)	
(Check one box)	(Year of Election)				
☐ I do not accept the volunta  Amendment:				-	
O I did not exceed the e the general or special	xpenditure ceiling in the primar run-off election.	y or special election held on:	//_and I accept	the volunta	ry expenditure ceiling for
(Mark if applicable)		74 ₽ ¶ ₩ A P			
	tributed personal funds in exce	ss of the expenditure ceiling for the	e election stated above.		
	and porconar rando in oxoc				
. Verification:	and a percental ratio in exec				
B. Verification: I certify under penalty of per		ate of California that the foregoir	ng is true and correct.		·

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