Candidate Intention Statement		Pate Stamp CALIFORNIA FORM 501
Check One: ⊠ Initial ☐ Amendment (Explain)		MAR 2 8 2017 For Official Use Only
		— CITY CLERK
1. Candidate Information:		
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) E-MAIL (optional)
Bill Wolpert		( )
STREET ADDRESS	CITY	STATE ZIP CODE
OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME	Petaluma	CA 94952
		DISTRICT NUMBER, if applicable.
City Council Member City of Petal OFFICE JURISDICTION	uma	PARTY:
State (Complete Part 2.)		
☑ City ☐ County ☐ Multi-County:	(Name of Multi-County Jurisdiction)	2018 (Year of Election)
(Check one box)  I accept the voluntary expenditure ceiling for the election  I do not accept the voluntary expenditure ceiling for the		
Amendment:	election stated above.	
	ary or special election held on:	/ and I accept the voluntary expenditure ceiling for
(Mark if applicable)		
On/, I contributed personal funds in exc	cess of the expenditure ceiling for t	the election stated above.
3. Verification:		
I certify under penalty of perjury under the laws of the S	State of California that the forego	oing is true and correct.
Executed on	. U. 3. Claren	FPPC Form 501 (Jan/2