

# Candidate Intention Statement

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Check One:  Initial  Amendment (Explain) \_\_\_\_\_  
\_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Cribb, James K	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) [REDACTED]	E-MAIL (optional) [REDACTED]
STREET ADDRESS [REDACTED]	CITY Sonoma	STATE CA	ZIP CODE 95476
OFFICE SOUGHT (POSITION TITLE) Council Member	AGENCY NAME City of Sonoma	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN 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):		2018 (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)	<b>Primary/general election</b>	_____ (Year of Election)	<b>Special/runoff election</b>
(Check one box)			
<input type="checkbox"/> I accept the voluntary expenditure ceiling for the election stated above.			
<input type="checkbox"/> I do not accept the voluntary expenditure ceiling for the election stated above.			
Amendment:			
<input type="radio"/> 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)			
<input type="checkbox"/> 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 June 8, 2018 Signature [REDACTED]  
(month, day, year) (Candidate)