

Candidate Intention Statement

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CITY OF COTATI
CITY MANAGER/CITY CLERK

CANDIDATE INTENTION STATEMENT
CALIFORNIA FORM 501
For Official Use Only

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional)
Dell'Osso, John A (707) 664-0598 ()
STREET ADDRESS CITY STATE ZIP CODE
Cotati CA 94931
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. [X] NON-PARTISAN
City Council Member City of Cotati PARTY:
OFFICE JURISDICTION
[] State (Complete Part 2.)
[X] City [] County [] Multi-County: City of Cotati (Name of Jurisdiction) 2012 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

Primary/general election Special/runoff election
(Year of Election) (Year of 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 I am the candidate named above and I am not a candidate for any other office.

Executed on 7-17-12 (month, day, year)

Signature