

Candidate Intention Statement

CALIFORNIA FORM 501

For Official Use Only

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AUG 14 2019

CITY OF NOVATO

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Collipani, Melissa C DAYTIME TELEPHONE NUMBER _____ FAX NUMBER (optional) _____ EMAIL (optional) _____

STREET ADDRESS Novato CA 94949 CITY Novato CA STATE _____ ZIP CODE _____

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME _____ DISTRICT NUMBER, if applicable: # 5 NON-PARTISAN OFFICE

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) PARTY PREFERENCE: PRIMARY / GENERAL SPECIAL / RUNOFF

(Check one box, if applicable.)

2019 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(Ca/PERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(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 8/14/19 (month, day, year)

Signature Melissa C Collipani (Candidate)