

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM <b>501</b>
	For Official Use Only

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) WOLTER GUS DAYTIME TELEPHONE NUMBER 707-322-4916 FAX NUMBER (optional) ( ) EMAIL (optional) \_\_\_\_\_

STREET ADDRESS 544 VENEZIA WAY CITY Cloverdale STATE CA ZIP CODE 95425

OFFICE SOUGHT (POSITION TITLE) \_\_\_\_\_ AGENCY NAME \_\_\_\_\_ DISTRICT NUMBER, if applicable. \_\_\_\_\_  NON-PARTISAN OFFICE

OFFICE JURISDICTION:  State (Complete Part 2.)  City  County  Multi-County: City of Cloverdale (Name of Multi-County Jurisdiction) PARTY PREFERENCE: (Check one box, if applicable.)  PRIMARY / GENERAL  SPECIAL / RUNOFF

Year of Election: 2022

2. State Candidate Expenditure Limit Statement:

(CalPERS 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 8/12/2022  
(month, day, year)

Signature \_\_\_\_\_  
(Candidate)