

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp RECEIVED

CALIFORNIA FORM 501

JUL 23 2009

For Official Use Only

Town of San Anselmo

Check One:  Initial

Amendment (Explain) change in committee name only to ID No 1279814

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Breen, Peter Augustine
DAYTIME TELEPHONE NUMBER (415) 453-1761
FAX NUMBER (optional)
E-MAIL (optional) pbreen5@comcast.net
STREET ADDRESS 85 Woodside Dr
CITY san anselmo
STATE ca
ZIP CODE 94960
OFFICE SOUGHT (POSITION TITLE) Councilmember
AGENCY NAME Town of San Anselmo
DISTRICT NUMBER, if applicable.
NON-PARTISAN
OFFICE JURISDICTION
City
County
Multi-County

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

(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 July 23, 2009 (month, day, year)

Signature [Handwritten Signature] (Candidate)