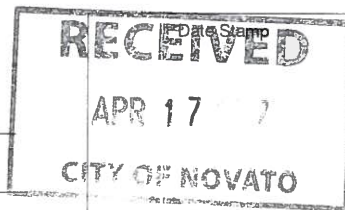


Candidate Intention Statement



CALIFORNIA FORM 501 For Official Use Only

Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Pat Eklund DAYTIME TELEPHONE NUMBER () FAX NUMBER (optional) () E-MAIL (optional) pateklund@comcast.net
STREET ADDRESS CITY Novato STATE CA ZIP CODE 94949
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME City of Novato DISTRICT NUMBER, if applicable. PARTY: NON-PARTISAN
OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: City of Novato (Name of Multi-County Jurisdiction) 2017 (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.)

2017 (Year of Election) 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 4/13/2017 (month, day, year)

Signature Pat Eklund (Candidate)