

Candidate Intention Statement

RECEIVED

Town of Ross

CALIFORNIA FORM 501

Check One: Initial Amendment (Explain) _____

FEB 22 2022

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) ROBBINS, ELIZABETH DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED] EMAIL (optional) [REDACTED] STREET ADDRESS [REDACTED] CITY ROSS STATE CA ZIP CODE 94957 OFFICE SOUGHT (POSITION TITLE) Member of City Council AGENCY NAME Ross DISTRICT NUMBER, if applicable. [REDACTED] NON-PARTISAN OFFICE [checked] PARTY PREFERENCE: (Check one box, if applicable.) [checked] PRIMARY / GENERAL [] SPECIAL / RUNOFF OFFICE JURISDICTION: [] State (Complete Part 2.) [checked] City [] County [] Multi-County: _____ (Name of Multi-County Jurisdiction) 2022 (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.)

(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 Feb 22, 2022 (month, day, year)

Signature [REDACTED] (Candidate)