

Candidate Intention Statement

RECEIVED
Town of Ross

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| Date Stamp MAR 11 2022 | CALIFORNIA FORM 501 For Official Use Only |
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

| | | | |
|--|---|-----------------------------------|--|
| NAME OF CANDIDATE (Last, First Middle Initial) <u>Skewes-Cox, Nicholas A</u> | DAYTIME TELEPHONE NUMBER [REDACTED] | FAX NUMBER (optional) () | EMAIL (optional) [REDACTED] |
| STREET ADDRESS [REDACTED] | CITY <u>Ross</u> | STATE <u>CA</u> | ZIP CODE <u>94957</u> |
| OFFICE SOUGHT (POSITION TITLE) <u>Member of Town Council</u> | AGENCY NAME <u>Ross Town Council</u> | DISTRICT NUMBER, if applicable. | <input checked="" type="checkbox"/> NON-PARTISAN OFFICE |
| OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction) | | <u>2022</u> (Year of Election) | PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF |

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 3/11/22
(month, day, year) Signature [REDACTED]
(Candidate)