

Candidate Intention Statement

Date Stamp City of Grover Beach	CALIFORNIA FORM 501
AUG 09 2018	For Official Use Only
RECEIVED	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Robert Robert DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED] E-MAIL (optional) [REDACTED]

STREET ADDRESS [REDACTED] CITY Grover Beach STATE Ca ZIP CODE 93433

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME _____ DISTRICT NUMBER, if applicable _____ NON-PARTISAN PARTY: Republic

OFFICE JURISDICTION State (Complete Part 2) City County Multi-County: _____ (Name of Multi-County Jurisdiction) Year of Election: 2018

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

_____/_____/_____ Primary/general election _____/_____/_____ Special/runoff election
(Year of Election) (Year of 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 08/09/2018 Signature _____
(month, day, year) (Candidate)