

**Candidate Intention Statement**

Date Stamp	CALIFORNIA FORM <b>501</b>
For Official Use Only	

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First, Middle Initial) <u>Robin, Samuel E.</u>	DAYTIME TELEPHONE NUMBER <u>(415) 745-1317</u>	FAX NUMBER (optional) <u>( )</u>	E-MAIL (optional) <u>sambo-sausalito@gmail.com</u> <u>sam.robin@san-carlos.ca.gov</u>
STREET ADDRESS <u>251 San Carlos Ave.</u>	CITY <u>Sausalito</u>	STATE <u>CA</u>	ZIP CODE <u>94965</u>
OFFICE SOUGHT (POSITION TITLE) <u>City Council</u>	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN PARTY:
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>2016</u> (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.)*

\_\_\_\_\_  
(Year of Election) **Primary/general election**      \_\_\_\_\_  
(Year of 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 8/12/16 \_\_\_\_\_ Signature \_\_\_\_\_  
(month, day, year)