

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: [X] Initial [] Amendment (Explain) _____

Date Stamp RECEIVED KKB CALIFORNIA FORM 501 For Official Use Only JUL 19 2018

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional)
Branstrom, Bob (916) 749-3533 (916) 865-4657 branstrom4gvcouncil@gmail.com
STREET ADDRESS CITY STATE ZIP CODE
[Redacted] Roseville Ca 95661

OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. [X] NON-PARTISAN
City Council Member PARTY:

OFFICE JURISDICTION
[] State (Complete Part 2.)
[X] City [] County [] Multi-County: _____ (Name of Multi County Jurisdiction)
2018 (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.)

_____/_____/_____ Primary/general election _____/_____/_____ Specialrunoff 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 07/19/2018 (month, day, year)

Signature [Redacted]