CANDIDATE INTENTION STATEMENT

Candidate Intention Statement

Type or Print in Ink.

Date Stamp
CITY OF BRENTWOOD
MAR 0 2 2005
CITY CLERK

CALIFORNIA FORM **501**

For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE *(Last, First, Middle Initial)*	DAYTIME TELEPHONE NUMBER	FAX NUMBER *(optional)*	E-MAIL *(optional)*
Robert A. Brockman	([redacted]	( )	

STREET ADDRESS	CITY	STATE	ZIP CODE
[redacted]	Brentwood	CA	94513

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, *if applicable.*	☒ NON-PARTISAN
City Council	Brentwood, CA		PARTY:

OFFICE JURISDICTION

☐ State *(Complete Part 2.)*

☒ City ☐ County ☐ Multi-County: _____ *(Name of Multi-County Jurisdiction)* 2005 *(Year of Election)*

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

_____ *(Year of Election)* ***Primary/general election*** 2005 *(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 02/22/05 *(month, day, year)*, Signature _____ *(Candidate)*