Candidate Intention Statement

Check One: ☑ Initial ☐ Amendment (Explain) __________________________

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) ROBIN ROSS

STREET ADDRESS 240 N. CASSCENT DR

CITY BEVERLY HILLS

STATE CA

ZIP CODE 90210

DAYTIME TELEPHONE NUMBER (213) 777-2024 EMAIL (optional) robin.roose@gmail.com

FAX NUMBER (optional)

EMAIL (optional)

OFFICE SOUGHT (POSITION TITLE) BEVERLY HILLS CITY COUNCIL

AGENCY NAME

DISTRICT NUMBER, if applicable

PARTY PREFERENCE NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

☐ State (Complete Part 2.)

☐ Cty ☐ County ☐ Multi-County: ___________________ (Name of Multi-County Jurisdiction)

☐ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

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

☐ 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.

☐ 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 12/5/2019 Signature __________________________ (Candidate)

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov