

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
03/15/16 08:00 CLK	
For Official Use Only	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Rollins Kenneth R. DAYTIME TELEPHONE NUMBER (415) 424-9674 FAX NUMBER (optional) () CA E-MAIL (optional) 94544
 STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OFFICE SOUGHT (POSITION TITLE) city council AGENCY NAME _____ DISTRICT NUMBER, if applicable. _____ NON-PARTISAN PARTY: _____
 OFFICE JURISDICTION _____

State (Complete Part 2.)
 City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (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 3-15-16 _____ Signature [Signature] _____
 (month, day, year) (Candidate)