

Candidate Intention Statement

FILED ^{Paid Stamp}
JUL 26 2018
ALBANY CITY CLERK

CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) STAPLETON-GRAY, ROSS A. DAYTIME TELEPHONE NUMBER (510) 847-1417 FAX NUMBER (optional) () E-MAIL (optional) ross.stapletongray@gmail.com
STREET ADDRESS 1112 CURTIS STREET CITY ALBANY STATE CA ZIP CODE 94706
OFFICE SOUGHT (POSITION TITLE) MEMBER, BOARD OF EDUCATION, AGENCY NAME ALBANY UNIFIED SCHOOL DISTRICT DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY:
OFFICE JURISDICTION State (Complete Part 2.) 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.)

~~(Year of Election) Primary/general 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 JULY 21, 2018 Signature _____
(month, day, year) (Candidate)