

Candidate Intention Statement

FILED  
JUL 29 2022  
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) Lopez, Robin D. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED] EMAIL (optional) [REDACTED]  
STREET ADDRESS [REDACTED] CITY Albany STATE CA ZIP CODE 94706  
OFFICE SOUGHT (POSITION TITLE) City Council Member AGENCY NAME City of Albany DISTRICT NUMBER, if applicable [REDACTED]  NON-PARTISAN OFFICE  
OFFICE JURISDICTION (Check one box, if applicable.)  
 State (Complete Part 2.)  City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) 2022 (Year of Election)  PRIMARY / GENERAL  SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

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

(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 07-29-22  
(month, day, year)

Signature [REDACTED]