

Candidate Intention Statement

Check One: Initial Amendment (Explain)

RECEIVED
 City Clerks Office
 Date Stamp
JUL 15 2024
[Signature]
 City of Grass Valley
 125 E. Main St

CALIFORNIA FORM 501
 For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) BRANSTROM BOB B DAYTIME TELEPHONE NUMBER (510) 459-5879 FAX NUMBER (optional) () EMAIL (optional) bobbranstrom@gmail.com

STREET ADDRESS [REDACTED] CITY Grass Valley STATE CA ZIP CODE 95949

OFFICE SOUGHT (POSITION TITLE) Council Member AGENCY NAME City of Grass Valley DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction)

PARTY PREFERENCE: PRIMARY / GENERAL SPECIAL / RUNOFF

2024 (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.)

(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 7/15/24 Signature [REDACTED]
(month, day, year) (city, state)