

Candidate Intention Statement

Date Stamp RECEIVED AUG 04 2022 WOODSIDE TOWN HALL	CALIFORNIA FORM 501
	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) BRIAN Donskowski		DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ()	EMAIL (optional) b.donskowski@woodsideca.gov
STREET ADDRESS [REDACTED]		CITY Woodside	STATE CA	ZIP CODE 94062
OFFICE SOUGHT (POSITION TITLE) Town Council Member	AGENCY NAME Woodside	DISTRICT NUMBER, if applicable. 2	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF	
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County:		Woodside (Name of Multi-County Jurisdiction)		(Check one box, if applicable.) 2022 (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 8/4/22 (month, day, year) Signature [Signature] (Candidate)