

Candidate Intention Statement

Date Stamp RECEIVED AUG 10 2022 WOODSIDE TOWN HALL	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Stephen V. Lubin	DAYTIME TELEPHONE NUMBER (██████████)	FAX NUMBER (optional) ()	EMAIL (optional) stephen@stlubin.net
STREET ADDRESS ██████████	CITY Woodside	STATE CA	ZIP CODE 94062
OFFICE SOUGHT (POSITION TITLE) Town Council	AGENCY NAME Town of Woodside	DISTRICT NUMBER, if applicable 2	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)			(Check one box, if applicable) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF
			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.

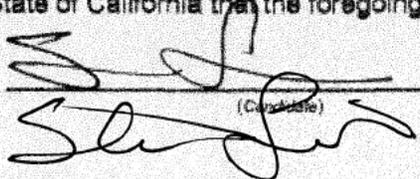
(Mark if applicable)

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 August 8 2022
(month, day, year)

Signature 
(Candidate)