

Candidate Intention Statement

BEVERLY HILLS CITY CLERK
2019 DEC 5 AM 11:20

Date Stamp	CALIFORNIA FORM 501
	For Official Use Only
	indexed 12/5/2019

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>ROBIN ROWE</u>		DAYTIME TELEPHONE NUMBER <u>424 777-2024</u>	FAX NUMBER (optional)	EMAIL (optional) <u>robinrowe@gmail.com</u>
STREET ADDRESS <u>240 N. CRESCENT DR</u>		CITY <u>BEVERLY HILLS, CA</u>	STATE <u>CA</u>	ZIP CODE <u>90210</u>
OFFICE SOUGHT (POSITION TITLE) <u>BEVERLY HILLS CITY COUNCIL</u>	AGENCY NAME	DISTRICT NUMBER, if applicable		<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION		PARTY PREFERENCE:		
<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 type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 12/5/2019 Signature Robin Rowe
(month, day, year) (Candidate)