

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) KULIK, DAVID, A DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () EMAIL (optional) kulik.tiburon@gmail.com

STREET ADDRESS [REDACTED] CITY TIBURON STATE CA ZIP CODE 94920

OFFICE SOUGHT (POSITION TITLE) COUNCILMEMBER AGENCY NAME TIBURON TOWN COUNCIL DISTRICT NUMBER, if applicable [REDACTED] NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable)

State (Complete Part 2) PRIMARY / GENERAL

City County Multi-County (Name of Multi-County Jurisdiction) _____ 2020 SPECIAL / RUNOFF

(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 8/6/20 Signature [REDACTED]

(month, day, year)