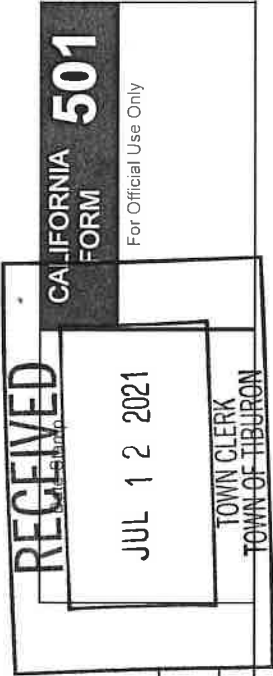


Candidate Intention Statement

Check One: Initial Amendment (Explain) _____



1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) DeFever, Kathleen M DAYTIME TELEPHONE NUMBER _____ FAX NUMBER (optional) _____ EMAIL (optional) _____
STREET ADDRESS _____ CITY _____ STATE CA ZIP CODE 94920
OFFICE POSITION (POSITION TITLE) _____ DISTRICT NUMBER, if applicable NON-PARTISAN OFFICE
Tiburon Town Council member PARTY PREFERENCE
OFFICE JURISDICTION State (Complete Part 2) County Multi-County _____ (Name of Multi-County Jurisdiction) PRIMARY / GENERAL
 City County Multi-County _____ (Year of Election) 2021 SPECIAL / RUNOFF
(Check one box, if applicable)

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

July 12, 2021
(month day year)

Signature

