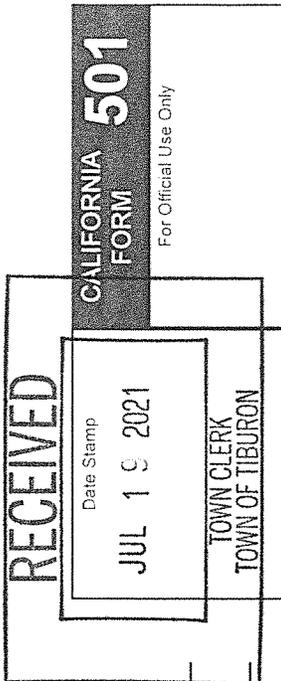


Candidate Intention Statement

Check One: Initial Amendment (Explain) _____



1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) NOAH GRIFFIN, NOAH W. DAYTIME TELEPHONE NUMBER _____ FAX NUMBER (optional) _____ EMAIL (optional) _____

STREET ADDRESS _____ CITY TIBURON STATE CA ZIP CODE 94920

OFFICE SOUGHT (POSITION TITLE) TOWN COUNCIL MEMBER AGENCY NAME TIBURON DISTRICT NUMBER, if applicable: N/A NON-PARTISAN OFFICE

OFFICE JURISDICTION TIBURON PARTY PREFERENCE: (Check one box, if applicable.) STATE (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____

Year of Election: 2021 PRIMARY / GENERAL 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 information provided is true and correct.

Executed on 7/19/21 Signature _____

