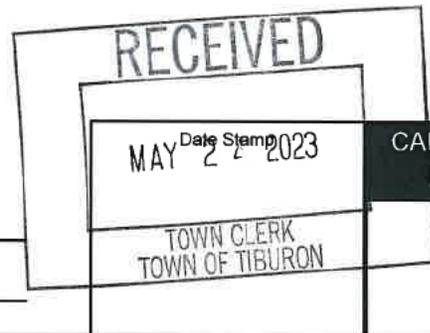


Candidate Intention Statement



CALIFORNIA FORM 501 For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) ISAAC NIKKAR DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () EMAIL (optional) [REDACTED] STREET ADDRESS [REDACTED] CITY Tiburon STATE CA ZIP CODE 94920 OFFICE SOUGHT (POSITION TITLE) Town Council member AGENCY NAME 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) 2023 (Year of Election) [] 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 5/24/23 (month, day, year)

Signature [REDACTED]