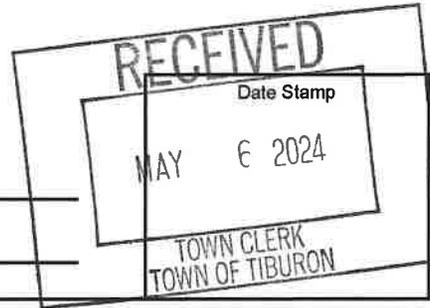


# Candidate Intention Statement



CALIFORNIA FORM **501**  
For Official Use Only

Check One:  Initial  Amendment (Explain) Re-Election

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <b>Holli Thier</b>	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ( )	EMAIL (optional) [REDACTED]
STREET ADDRESS [REDACTED]	CITY <b>Tiburon</b>	STATE <b>CA</b>	ZIP CODE <b>94920</b>
OFFICE SOUGHT (POSITION TITLE) <b>Council Member</b>	AGENCY NAME <b>Town of Tiburon</b>	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	<b>Tiburon</b> (Name of Multi-County Jurisdiction)	<b>2024</b> (Year of Election)	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF

## 2. State Candidate Expenditure Limit Statement:

(CaIPERS and CaISTRS 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 May 1 2024 Signature \_\_\_\_\_  
(month, day, year)

