

Candidate Intention Statement

Date Stamp <b>RECEIVED</b> <b>JUL 22 2024</b> City of Belvedere	<b>CALIFORNIA</b> <b>FORM</b> <b>501</b> For Official Use Only
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Check One:  Initial  Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) BURKE, KEVIN M. FAX NUMBER (optional) ( ) EMAIL (optional) KEVINBURKE@GMAIL.COM

STREET ADDRESS \_\_\_\_\_ CITY Belvedere STATE CA ZIP CODE 94920

OFFICE SOUGHT (POSITION TITLE) CITY Council AGENCY NAME \_\_\_\_\_ DISTRICT NUMBER, if applicable. \_\_\_\_\_  NON-PARTISAN OFFICE

OFFICE JURISDICTION \_\_\_\_\_ PARTY PREFERENCE: \_\_\_\_\_  
 (Check one box, if applicable.)

State (Complete Part 2.)  City  County  Multi-County: MARIN COUNTY (Name of Multi-County Jurisdiction) 2024 (Year of Election)  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 foregoing is true and correct.

Executed on 07/18/24 (month/ day year) Signature \_\_\_\_\_ (Candidate)