

Candidate Intention Statement

Date Stamp FILE NOV 21 2023 TC Elections	CALIFORNIA FORM 501 For Official Use Only
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Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) BURROUGHS, ROBERT R. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () N/A EMAIL (optional) ROBINCEM@gmail.com

STREET ADDRESS [REDACTED] CITY CONCORD, CA STATE CA ZIP CODE 96022

OFFICE JURISDICTION (Complete Part 2.) AGENCY NAME SUP. DIST. I TENAMA CO. DISTRICT NUMBER, if applicable I ☒ 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) 2024 (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

11/21/23
(month, day, year)

Signature

[REDACTED]
(Candidate)

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)

3/5/24

☐ Amendment (Explain Below)

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DEC 05 2023

TC Elections

CALIFORNIA
FORM

470

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1. Statement Covers Calendar Year 20~~24~~23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

ROBERT R. BURROUGHS SR

STREET ADDRESS

[REDACTED]

CITY
Cottonwood

STATE

CA

ZIP CODE

96022

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD

SUP. DIST 1

JURISDICTION (LOCATION)

DIST 1

DISTRICT NUMBER
(IF APPLICABLE)

1

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

NONE ESTABLISHED

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Executed on

12/5/23

DATE

By

[REDACTED]

OFFICEHOLDER OR CANDIDATE