Candidate Intention Statement	Date Stamp CALIFORNIA 501
Check One: Amendment (Explain)	FORM SULL For Official Use Only TO Elections
1. Candidate Information:	
NAME OF CANDIDATE (Last, First Middle Initial) BULBOUGHS, ROBERT R: STREET ADDRESS CITY OFFICE OF AGENCY NAME	FAX NUMBER (optional) () Y/A ROBINCOM & COMPLICOM STATE ZIP CODE DISTRICT NUMBER, if applicable NON-PARTISAN OFFICE
SUP. DIST. I TRHAMA CO.	PARTY PREFERENCE:
OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: (Name of Multi-County Jurisdiction)	(Check one box, if applicable.) PRIMARY / GENERAL (Year of Election) SPECIAL / RUNOFF
(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 ceiling for the general or special run-off election.	d on/ and I accept the voluntary expenditure
(Mark if applicable)	
On,I contributed personal funds in excess of the expenditure ce	eiling for the election stated above.
3. Verification:	
I certify under penalty of perjury under the laws of the State of Colifornia that the form	egoing is true and correct.

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Officenolder and Candidate Campaign Statement – Short Form				CALIFORNIA 470
	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	F DEC 05 2023	For Official Use Only
	and a second function of the second function of the second		 TC Election 	15
1. Statement Covers Calendar Year 20	-23			
2. Officeholder or Candidate Information		3. Office Sought or He	ld	
NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	MANUFACTOR CONTRACTOR	I reason to community to the reason contact indicates with the reason of the community of the community of the section of the community of the
ROBERT R. BURROY	645 SR	SUP. DIS	TI	
STREET ADDRESS		SUP. DIS JURISDICTION (LOCATION) DIST	1	DISTRICT NUMBER (IF APPLICABLE)
Cotton wood	CA CIGOZZ		The second secon	- materialises stade disease— rounds of the materials are stated to the control of the control o
	OPTIONAL: FAX/E-MAIL ADDRESS			
4. Committee Information				
List all committees of which you have knowledg	e that are primarily formed to rece	eive contributions or to make expendi	itures on behalf of your candid:	acv
COMMITTEE NAME AND I.D. NUMBER		COMMITTEE ADDRESS		E OF TREASURER
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5. Verification			menterpainen sin eta estre errora de la cominidad de la comini	
I declare under penalty of perjury that to the best of all reasonable diligence in preparing this statement.	my knowledge I anticipate that I will r	receive less than \$2,000 and that I will sp	pend less than \$2,000 during the c	alendar year and that I have used
/ /	r somy under penalty or perjury ting	ici ilic iaws oi the 2ta	d correct.	
Executed on $17/5/23$				
DATE DATE	мен бастан обращення об теремен по посать на обращения объекторы и объекторым обращения обращени	By windiagenization	R OR CANCIDA	темпления положения полож

FPPC Form 470/470 Supplement (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov