

RECEIVED

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CITY OF PIEDMONT

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### Candidate Intention Statement

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

#### 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <b>RAMSEY, TOM</b>	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ( )	EMAIL (optional)
STREET ADDRESS [REDACTED]	CITY <b>PIEDMONT</b>	STATE <b>CA</b>	ZIP CODE <b>94610</b>
OFFICE SOUGHT (POSITION TITLE) <b>CITY COUNCIL</b>	AGENCY NAME <b>CITY OF PIEDMONT</b>	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION		PARTY PREFERENCE: (Check one box, if applicable.)	
<input type="checkbox"/> State (Complete Part 2.)	<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County:	<b>2022</b>	<input checked="" type="checkbox"/> PRIMARY / GENERAL
	(Name of Multi-County Jurisdiction)	(Year of Election)	<input type="checkbox"/> 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 7/18/2022 (month, day, year) Signature [REDACTED] (Candidate)