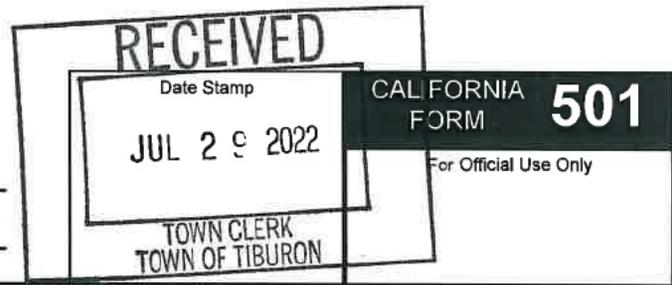


**Candidate Intention Statement**



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

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First Middle Initial) NIKFAR, ISAAC N DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) ( ) EMAIL (optional) [REDACTED]

STREET ADDRESS [REDACTED] CITY TIBURON, CA STATE ZIP CODE 94920

OFFICE SOUGHT (POSITION TITLE) TOWN COUNCIL MEMBER AGENCY NAME TOWN OF TIBURON DISTRICT NUMBER, if applicable.  NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.)  City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction)

PARTY PREFERENCE:  PRIMARY / GENERAL  SPECIAL / RUNOFF

(Year of Election) 2022

**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 information provided is true and correct.

Executed on 7/29/22  
(month, day, year)

Signature [REDACTED]