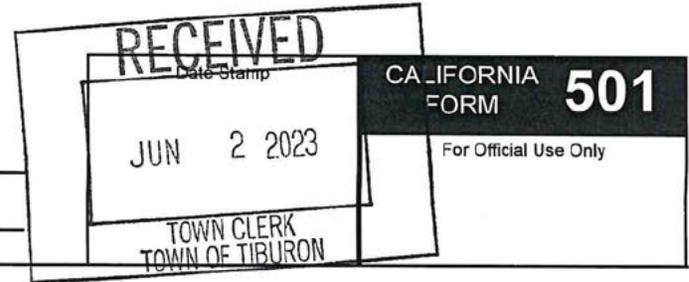


Candidate Intention Statement

Check One: Initial Amendment (Explain)



1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Cho Stefanie
DAYTIME TELEPHONE NUMBER [REDACTED]
FAX NUMBER (optional) ()
EMAIL (optional) [REDACTED]
STREET ADDRESS [REDACTED]
CITY Tiburon STATE CA ZIP 94920
OFFICE SOUGHT (POSITION TITLE) Town Council Member AGENCY NAME Town of Tiburon
DISTRICT NUMBER, if applicable.
NON-PARTISAN OFFICE
PARTY PREFERENCE:
OFFICE JURISDICTION
State (Complete Part 2.)
City County Multi-County:
2023 (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

June 2023 (month, day, year)

Signature

[REDACTED SIGNATURE]