

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: [X] Initial [] Amendment (Explain) _____

Date Stamp: Recd JAN 11 2013 CALIFORNIA FORM 501 For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE: BROCKBANK, GREG; DAYTIME TELEPHONE NUMBER: (415) 472-4400; FAX NUMBER: (415) 472-7400; E-MAIL: greg@mannlawcenter.com; STREET ADDRESS: 101 Lucas Valley Road, Suite 380; CITY: San Rafael; STATE: CA; ZIP CODE: 94903; OFFICE SOUGHT: COUNCILMEMBER; AGENCY NAME: CITY OF SAN RAFAEL; DISTRICT NUMBER: []; [X] NON-PARTISAN; OFFICE JURISDICTION: [X] City [] County [] Multi-County; (Year of Election): 2013

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

_____/_____/_____ Primary/general election _____ Special/runoff election _____

(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 1/10/13 (month, day, year) Signature [Signature] (Candidate)