

Candidate Intention Statement

Date Stamp

CALIFORNIA
FORM

501

For Official Use Only

Check One: ☒ Initial☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

Dowling, Mary T. (Teri)

(415) 847-6075

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MTDOWLING655@gmail.com

STREET ADDRESS

CITY

STATE

ZIP CODE

55 Poplar Ave (PO Box 1345)

Ross

CA.

94957

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN OFFICE

Town Council Member

Town of Ross

OFFICE JURISDICTION

PARTY PREFERENCE:

(Check one box, if applicable.)

☐ State (Complete Part 2.)☒ City☐ County☐ Multi-County:

(Name of Multi-County Jurisdiction)

2024
(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.

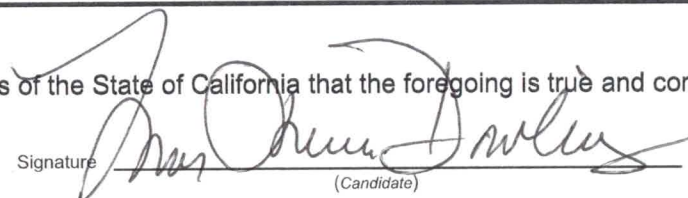
3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

11/14/2023
(month, day, year)

Signature



(Candidate)

FPPC Form 501 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov