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Town of Ross
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CALIFORNIA FORM **501**
For Official Use Only

Candidate Intention Statement

Check One: ✓ Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial): Roesler, Paul J.
DAYTIME TELEPHONE NUMBER: (415) 710-0920
FAX NUMBER (optional): ( )
EMAIL (optional): paul@kiplingcapital.com
STREET ADDRESS: 11 Bellagio Rd.
CITY: Ross
STATE: CA
ZIP CODE: 94957
OFFICE SOUGHT (POSITION TITLE): Council Member
AGENCY NAME: Town of Ross
DISTRICT NUMBER, if applicable:
NON-PARTISAN OFFICE
PARTY PREFERENCE:
OFFICE JURISDICTION
State (Complete Part 2.)
✓ City County Multi-County: _____ (Name of Multi-County Jurisdiction)
(Check one box, if applicable.)
PRIMARY / GENERAL ✓
SPECIAL / RUNOFF
2026 (Year of Election)

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 July 13, 2026 (month, day, year)

Signature _____ (Candidate)