

Candidate Intention Statement

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)
Robbins, Robert ( 805 ) 304-4309 ( )
STREET ADDRESS CITY STATE ZIP CODE
[REDACTED] Moorpark CA 93021
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. [X] NON-PARTISAN OFFICE
City Councilmember City of Moorpark 2 PARTY PREFERENCE:
OFFICE JURISDICTION (Check one box, if applicable.)
[ ] State (Complete Part 2.) [X] PRIMARY / GENERAL
[X] City [ ] County [ ] Multi-County: (Name of Multi-County Jurisdiction) 2024 (Year of Election) [ ] 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 8/8/2024 (month, day, year)

Signature