Candidate Intention Statement

Check One: ☑ Initial  □ Amendment (Explain)  

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)  
STAPLETON-GRAY, ROSS A.  

DAYTIME TELEPHONE NUMBER  (510) 877-1417  
FAX NUMBER (optional)  
E-MAIL (optional)  ross.stapletongray@gmail.com  

STREET ADDRESS  
1112 CURTIS STREET  
CITY  ALBANY  
STATE  CA  ZIP CODE  94706  

OFFICE SOUGHT (POSITION TITLE)  
MEMBER, BOARD OF EDUCATION, ALBANY UNIFIED SCHOOL DISTRICT  

AGENCY NAME  
DISTRIBUTION NUMBER, if applicable.  √ NON-PARTISAN  
PARTY:  

OFFICE JURISDICTION  
☐ State  ☑ City  ☐ County  ☐ Multi-County:  
(Name of Multi-County Jurisdiction)  
(Year of Election)  2018  

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  

(Year of Election)  

☐ 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:  
☐ I contributed personal funds in excess of the 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 21, 2018  
(month, day, year)  
Signature  

FPPC Form 501 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
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