

Candidate Intention Statement



Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)
MARTINEZ, JULIAN, JESSIE (530)592-6797 () julian4cali@gmail.com
STREET ADDRESS CITY STATE ZIP CODE
PARADISE CA 95969
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE
Town Council Town of Paradise
OFFICE JURISDICTION PARTY PREFERENCE:
State (Complete Part 2.)
City County Multi-County: Paradise (Name of Multi-County Jurisdiction) 2020 (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 3-6-20 (month, day, year)

Signature (Candidate)