

Candidate Intention Statement

<p>RECEIVED</p> <p>Date Stamp</p> <p>JUL 22 2020</p> <p>TOWN CLERK'S DEPT</p>	<p>CALIFORNIA FORM 501</p>
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) SAM GROWSETH DAYTIME TELEPHONE NUMBER _____ FAX NUMBER (optional) _____ EMAIL (optional) SIGROWSETH@GMAIL.COM

STREET ADDRESS _____ CITY PARADISE STATE CA ZIP CODE 95969

OFFICE SOUGHT (POSITION TITLE) PARADISE TOWN COUNCIL AGENCY NAME TOWN OF PARADISE DISTRICT NUMBER, if applicable, _____ NON-PARTISAN OFFICE

OFFICE JURISDICTION: State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) PARTY PREFERENCE: _____ (Check one box, if applicable.)

PRIMARY / GENERAL SPECIAL / RUNOFF

Year of Election: 2020

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, 7/22/2020 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 07/22/2020
(month, day, year)

Signature _____