

Candidate Intention Statement



Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Tryon, Rose M DAYTIME TELEPHONE NUMBER _____ FAX NUMBER (optional) () N/A EMAIL (optional) _____

STREET ADDRESS _____ CITY Paradise STATE CA ZIP CODE 95967

OFFICE SOUGHT (POSITION TITLE) Paradise Town Council AGENCY NAME Paradise DISTRICT NUMBER, if applicable. _____ NON-PARTISAN OFFICE

OFFICE JURISDICTION _____ PARTY PREFERENCE: _____

State (Complete Part 2.) City County Multi-County: Town of 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 07/29/2020 (month, day, year) Signature _____ (Candidate)