

# Candidate Intention Statement



Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>BRILLENZ, DAVID B</u>		DAYTIME TELEPHONE NUMBER ( )	FAX NUMBER (optional) ( )	EMAIL (optional) <u>d.brillenz@gmail.com</u>
STREET ADDRESS		CITY <u>PARADISE</u>	STATE <u>CA</u>	ZIP CODE <u>95969</u>
OFFICE SOUGHT (POSITION TITLE) <u>Town Councilmember</u>	AGENCY NAME <u>Town of PARADISE</u>	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
OFFICE JURISDICTION		PARTY PREFERENCE:		
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County:		(Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF		
<u>Town of PARADISE</u> (Name of Multi-County Jurisdiction)		<u>2020</u> (Year of Election)		

## 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 July 29<sup>th</sup>, 2020  
(month, day, year)

Signature \_\_\_\_\_  
(Candidate)