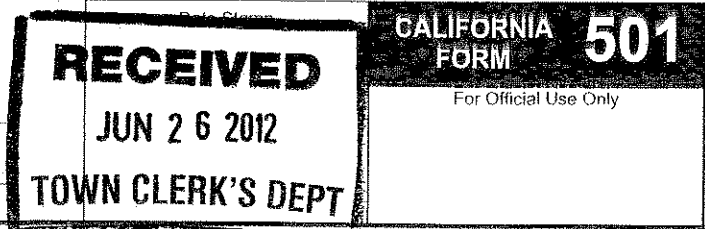


Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT



Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional)
Bolin, Gregory L. (530) 877-1180
STREET ADDRESS CITY STATE ZIP CODE
OFFICE SOUGHT (POSITION/TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. [X] NON-PARTISAN PARTY:
Town Council Member Town of Paradise
[] State (Complete Part 2.) [X] City [] County [] Multi-County: (Name of Multi-County Jurisdiction) 2012 (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.)

Primary/general election Special/runoff election
(Year of Election) (Year of Election)

(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 _____ and correct.

Executed on June 26, 2012 (month, day, year)

Signature _____ (Candidate)