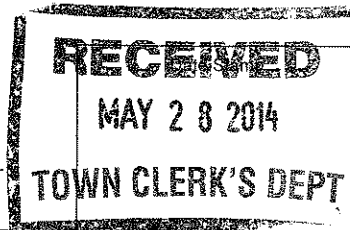


Candidate Intention Statement

Type or Print in Ink.



CANDIDATE INTENTION STATEMENT CALIFORNIA FORM 501 For Official Use Only

Check One: [X] Initial [] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Jones, Jody E. DAYTIME TELEPHONE NUMBER (530) 518-8002 FAX NUMBER (optional) () E-MAIL (optional) STREET ADDRESS [REDACTED] CITY Paradise STATE CA ZIP CODE 95969 OFFICE SOUGHT (POSITION TITLE) Town Council AGENCY NAME Town of Paradise DISTRICT NUMBER, if applicable. [] NON-PARTISAN PARTY: OFFICE JURISDICTION [] State (Complete Part 2.) [X] City [] County [] Multi-County: (Name of Multi-County Jurisdiction) 2014 (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.)

(Year of Election) Primary/general election Special/runoff 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 of California that the foregoing is true and correct.

Executed on 5/26/14 (month, day, year)

Signature [REDACTED] (Candidate)