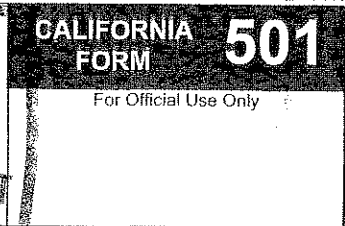
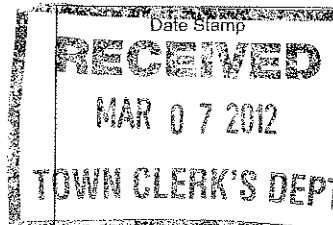


Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: Initial Amendment (Explain) _____



1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) M C E T C H I N STANLEY D DAYTIME TELEPHONE NUMBER (530) 877-2695 FAX NUMBER (optional) E-MAIL (optional) STREET ADDRESS [REDACTED] CITY PARADISE STATE CA ZIP CODE 95969 OFFICE TOWN COUNCIL DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY: OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: (Name of Multi-County Jurisdiction) 2000/12 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.)

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

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

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 March 7 / 12 (month, day, year)

Signature [REDACTED]