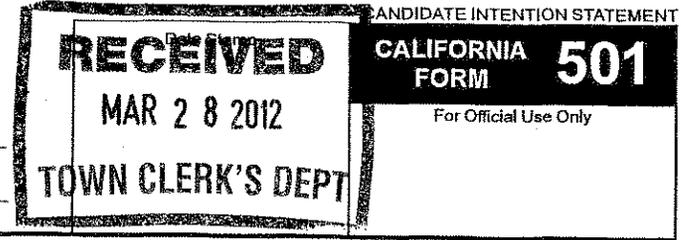


Candidate Intention Statement

Type or Print in Ink.



Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) RAWLINGS, John, J. DAYTIME TELEPHONE NUMBER (530) 877-1292 FAX NUMBER (optional) (530) 877-1292 E-MAIL (optional) _____

STREET ADDRESS _____ CITY PARADISE STATE CA ZIP CODE 95969

OFFICE SOUGHT (POSITION TITLE) City Council Member AGENCY NAME TOWN OF PARADISE DISTRICT NUMBER, if applicable. _____ NON-PARTISAN

OFFICE JURISDICTION State (Complete Part 2) City County Multi-County: _____ (Name of Multi-County Jurisdiction) PARTY: _____

_____ (Year of Election) 2012 (Year of Election)

2. State Candidate Expenditure Limit Statement

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

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

Executed on 3/29/12 (month, day, year)

Signature _____ (Candidate)