

Candidate Intention Statement



Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>MELISSA SCHUSTER, MELISSA S.</u>	DAYTIME TELEPHONE NUMBER <u>(530) 228-0941</u>	FAX NUMBER (optional) <u>()</u>	E-MAIL (optional) <u>LadyMofParadise@hotmail.com</u>
STREET ADDRESS <u>3300 INSPIRATION LN.</u>	CITY <u>PARADISE</u>	STATE <u>CA</u>	ZIP CODE <u>95969</u>
OFFICE SOUGHT (POSITION TITLE) <u>Town Council Member</u>	AGENCY NAME <u>Town of Paradise</u>	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION			
<input type="checkbox"/> State (Complete Part 2.)			
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)			
<u>2016</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.)

(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.

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 7-26-16
(month, day, year)

Signature _____
(Candidate)