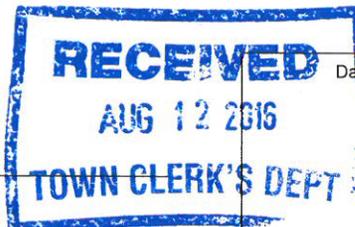


Candidate Intention Statement



Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Zuccolillo, A Michael DAYTIME TELEPHONE NUMBER (30) 876-4171 FAX NUMBER (optional) () E-MAIL (optional) _____

STREET ADDRESS 6400 Skyway CITY Paradise STATE CA ZIP CODE 95969

OFFICE SOUGHT (POSITION TITLE) Council Member AGENCY NAME Town of Paradise DISTRICT NUMBER, if applicable. _____ NON-PARTISAN PARTY: _____

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (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 8/10/16
(month, day, year)

Signature _____
(Candidate)