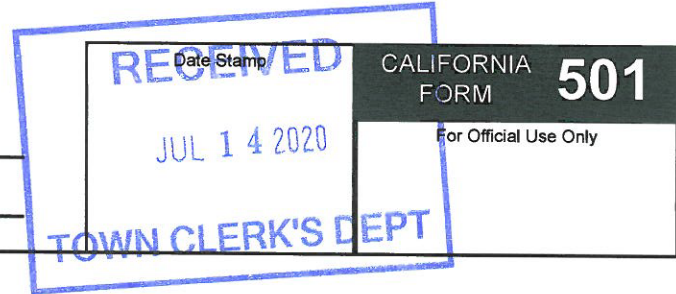


Candidate Intention Statement



Check One:  Initial  Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) BELLEFEUILLE, LUCAS R DAYTIME TELEPHONE NUMBER (530) FAX NUMBER (optional) EMAIL (optional) luke.cmcrossfit@gmail.com
STREET ADDRESS CITY PARADISE STATE CA ZIP CODE 95969
OFFICE SOUGHT (POSITION TITLE) TOWN COUNCIL AGENCY NAME TOWN OF PARADISE DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE
OFFICE JURISDICTION (Check one box, if applicable.)
 State (Complete Part 2.)  PRIMARY / GENERAL
 City  County  Multi-County: (Name of Multi-County Jurisdiction) 2020 (Year of Election)  SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(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 07/14/2020 (month, day, year)

Signature [Redacted]