

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: Initial Amendment (Explain) _____

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1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>LOTTER, SCOTT E</u>	DAYTIME TELEPHONE NUMBER <u>(530) 877-5584</u>	FAX NUMBER (optional) <u>()</u>	E-MAIL (optional)
STREET ADDRESS <u>TOWN COUNCIL</u>	CITY <u>TOWN OF PARADISE</u>	STATE	ZIP CODE
OFFICE SOUGHT (POSITION TITLE) <u>PARADISE</u>	AGENCY NAME	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>2014</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.)

2014 Primary/general election _____ Special/runoff election
(Year of 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 _____ is true and correct.

Executed on 7/14/14
(month, day, year)

Signature _____

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