Candidate Intention Statement Check One: ☐ Initial ☐ Amendment (Explain)	Date Stamp JUL 1 4 2020 TOWN CLERK'S DEPT CALIFORNIA 501 For Official Use Only
1. Candidate Information:	
NAME OF CANDIDATE (Last, First Middle Initial) Dehle Steve A STREET ADDRESS CITY Paradise	FAX NUMBER (optional) () CITIZEN STEVE ZOZO @ GMGI).Com STATE ZIP CODE () GG
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME	DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE
Town Council Member, Town of Paradi.	1 1
OFFICE JURISDICTION	(Check one box, if applicable.)
State (Complete Part 2.)	PRIMARY / GENERAL
City County Multi-County: (Name of Multi-County Jurisdiction)	(Year of Election) SPECIAL / RUNOFF
2. State Candidate Expenditure Limit Statement: (CaIPERS and CaISTRS 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. 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 7/14/2020 Signature	FDDC Form FO1 (August/2018)

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov