

# Candidate Intention Statement

Date Stamp  
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**CALIFORNIA FORM 501**  
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Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) SCHUSTER, MELISSA S. DAYTIME TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER (optional) \_\_\_\_\_ EMAIL (optional) LadyMofParadise@hotmail.com

STREET ADDRESS \_\_\_\_\_ CITY TOWN OF PARADISE STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OFFICE Sought (POSITION TITLE) TOWN OF PARADISE AGENCY NAME \_\_\_\_\_ DISTRICT NUMBER, if applicable \_\_\_\_\_  NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.)  City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) \_\_\_\_\_

PARTY PREFERENCE:  PRIMARY / GENERAL  SPECIAL / RUNOFF

(Year of Election) 2020

## 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 August 4, 2020 (month, day, year) Signature \_\_\_\_\_ (Candidate)