Candidate Intention Statement

Check One: ☐ Initial ☒ Amendment (Explain) Change address from P.O. Box to physical address

CALIFORNIA FORM **501**

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)
Tryon, Rose M

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional) ( )

EMAIL (optional)
Rose.Tryon.CA@gmail.com

STREET ADDRESS	CITY	STATE	ZIP CODE
	Paradise	CA	95969

OFFICE SOUGHT (POSITION TITLE)
Paradise Town Council

AGENCY NAME

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN OFFICE

PARTY PREFERENCE:
(Check one box, if applicable.)

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: Town of Paradise
(Name of Multi-County Jurisdiction)

2020
(Year of Election)

☒ PRIMARY / GENERAL

☐ 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 ___07/29/2020___
(month, day, year)

Signature _
(Candidate)