

# Candidate Intention Statement

Date Stamp <b>RECEIVED</b> FEB 01 2024 TOWN CLERK'S DEPT	<b>CALIFORNIA FORM 501</b> For Official Use Only
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Check One:  Initial  Amendment (Explain)

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Lange, Heidi A.</u>	DAYTIME TELEPHONE NUMBER <u>(530) 513-1105</u>	FAX NUMBER (optional) ( )	EMAIL (optional) <u>heidi.lange@stcglobal.net</u>
STREET ADDRESS <u>Paradise, CA 95969</u>	CITY <u>Paradise, CA</u>	STATE <u>CA</u>	ZIP CODE <u>95969</u>
OFFICE SOUGHT (POSITION TITLE) <u>Town Council</u>	AGENCY NAME <u>Town of Paradise</u>	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
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)		(Check one box, if applicable.) <u>2024</u> (Year of Election)	<input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 Feb 1, 2024 Signature \_\_\_\_\_  
(month, day, year) (Candidate)