

Candidate Intention Statement

Date Stamp RECEIVED APR 01 2024	CALIFORNIA FORM 501
For Official Use Only	
TOWN CLERK'S DEPT	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Gregory L Bolin	DAYTIME TELEPHONE NUMBER () _____	FAX NUMBER (optional) () _____	EMAIL (optional) _____
STREET ADDRESS _____	CITY Paradise	STATE CA	ZIP CODE 95969
OFFICE SOUGHT (POSITION TITLE) Council	AGENCY NAME TOWN OF PARADISE	DISTRICT NUMBER, if applicable. _____	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: Rep
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)		2024 (Year of Election)	(Check one box, if applicable.) <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 4-1-2024
(month, day, year)

Signature _____
(Candidate)