

Candidate Intention Statement

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Check One: Initial Amendment (Explain)

1. Candidate Information:

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|---|--|-------------------------------------|--|
| NAME OF CANDIDATE (Last, First Middle Initial) <u>Porter, David M</u> | DAYTIME TELEPHONE NUMBER <u>(530) 514-6901</u> | FAX NUMBER (optional) <u>()</u> | EMAIL (optional) <u>Porter1@Duck.com</u> |
| STREET ADDRESS <u>" "</u> | CITY <u>Paradise</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: | <u>Town of Paradise</u> (Name of Multi-County Jurisdiction) | <u>2024</u> (Year of Election) | PARTY PREFERENCE: (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 August 8, 2024 Signature _____
(month, day, year) (Candidate)