| Candidate Intention Statement   | CALIFORNIA 501   |
|---|--|
| Check One: Initial Amendment (Explain)  | - APP Indexed<br>- 299 I2/4/2019 MA  |
| 1. Candidate Information:   |  |
| NAME OF CANDIDATE (Last, First Middle Initial)<br><u>GREEN SIDNEL</u> SI'MCHA<br>STREET ADDRESS<br>328 5- DOUTENA DR HA   | FAX NUMBER (optional) EMAIL (optional)<br>()<br>()<br>STATE ZIP CODE           |
| OFFICE SOUGHT (POSITION TITLE) AGENCY NAME<br>BH CHY COUNCI   | DISTRICT NUMBER, if applicable. INON-PARTISAN OFFICE                           |
| OFFICE JURISDICTION<br>State (Complete Part 2.)<br>CHY County Multi-County:<br>(Name of Multi-County Jurisdiction)  | (Check one box, if applicable.)<br>文ひえい<br>(Year of Election) SPECIAL / RUNOFF |
| 2. State Candidate Expenditure Limit Statement:<br>(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)<br>(Check one box) |  |
| <b>Accept</b> the voluntary expenditure ceiling for the election stated above.  |  |
| I do not accept the voluntary expenditure ceiling for the election stated above.  |  |
| Amendment:  |  |
| <ul> <li>I did not exceed the expenditure ceiling in the primary or special election held on:</li></ul>   | / and I accept the voluntary expenditure ceiling for                           |
|   |  |

(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.  $\mathcal{Q}$ 

| Executed on Dec. 4,2019 | Signature A. Ar |
|-------------------------|-----------------|
| (month, day, year)      | (Candidate)     |
|                         |                 |

FPPC Form 501 (August/2018) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov