

Candidate Intention Statement

Date Stamp	<b>CALIFORNIA FORM 501</b>
	For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) THIER, HOLLI P. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) \_\_\_\_\_ EMAIL (optional) NOTE4HOLLI@GMAIL.COM

STREET ADDRESS TOWN COUNSELLMEMBER, TOWN OF TEBURON CITY TEBURON STATE CA ZIP CODE 94565

OFFICE SOUGHT (POSITION TITLE) TOWN COUNSELLMEMBER AGENCY NAME TEBURON, CA DISTRICT NUMBER, if applicable \_\_\_\_\_  NON-PARTISAN OFFICE

OFFICE JURISDICTION:  State (Complete Part 2.)  City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) PARTY PREFERENCE: (Check one box, if applicable.)

PRIMARY / GENERAL  SPECIAL / RUNOFF

(Year of Election) 2020

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 July 14, 2020 (month, day, year) Signature [REDACTED]