

Candidate Intention Statement

<b>RECEIVED</b> Date Stamp <b>AUG 12 2020</b> CITY OF LAKEPORT OFFICE OF CITY CLERK	<b>CALIFORNIA FORM 501</b>
	For Official Use Only

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Green, Michael S DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) \_\_\_\_\_ EMAIL (optional) \_\_\_\_\_

STREET ADDRESS [REDACTED] CITY Lakeport STATE CA ZIP CODE 95453

OFFICE SOUGHT (POSITION TITLE) Council Member, City of Lakeport AGENCY NAME \_\_\_\_\_ DISTRICT NUMBER, if applicable. \_\_\_\_\_  NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

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 Aug. 12, 2020  
(month, day, year)

Signature Michael S Green  
(Candidate)