

Candidate Intention Statement

Date Stamp
RECEIVED
 AUG 06 2020
 CITY OF LAKEPORT
 OFFICE OF CITY CLERK

CALIFORNIA FORM 501
 For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)
 Parlet, Kenneth W [REDACTED]

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

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

OFFICE JURISDICTION (Check one box, if applicable.)
 State (Complete Part 2.) PRIMARY / GENERAL
 City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2020 (Year of Election) 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 7/30/2020 Signature [Handwritten Signature]
 (month/day/year) (Candidate)