

Candidate Intention Statement

RECEIVED SEP 19 2019 COUNTY REGISTRAR OF VOTERS	CALIFORNIA FORM 501
	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Scott, Tina</u>	DAYTIME TELEPHONE NUMBER <u>(707) 849-4411</u>	FAX NUMBER (optional)	EMAIL (optional) <u>TinaScott@Ladad.com</u>
STREET ADDRESS [REDACTED]	CITY <u>Lakeport</u>	STATE <u>CA</u>	ZIP CODE <u>95453</u>
OFFICE SOUGHT (POSITION TITLE) <u>County Supervisor</u>	AGENCY NAME <u>Lake County</u>	DISTRICT NUMBER, if applicable <u>4</u>	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)	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 law

Executed on 9.19.19
(month, day, year)

