

Candidate Intention Statement

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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <i>Arnold, Thomas, J.</i>	DAYTIME TELEPHONE NUMBER <i>530) 330-0328</i>	FAX NUMBER (optional) ()	EMAIL (optional)
STREET ADDRESS <i>County Supervisor</i>	CITY <i>Glenn County</i>	STATE	ZIP CODE
OFFICE SOUGHT (POSITION TITLE) <i>County of Glenn</i>	AGENCY NAME	DISTRICT NUMBER, if applicable. <i>3</i>	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION	PARTY PREFERENCE: (Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)	<input checked="" type="checkbox"/> PRIMARY / GENERAL		
<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)	<i>2024</i> (Year of Election) <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 laws of the State of California that the foregoing is true and correct.

Executed on *12-4-2023*
(month, day, year)

Signature: [Redacted]
(Candidate)