

Candidate Intention Statement

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| Date Stamp RECEIVED AUG 06 2020 | CALIFORNIA FORM 501 |
| For Official Use Only | |

Check One: Initial Amendment (Explain) _____

CITY OF SCOTTS VALLEY

1. Candidate Information:

| | | | |
|--|--|--|---|
| NAME OF CANDIDATE (Last, First Middle Initial) Randy Johnson | DAYTIME TELEPHONE NUMBER (831) 359-2099 | FAX NUMBER (optional) () | EMAIL (optional) rlj12@comcast.net |
| STREET ADDRESS [REDACTED] | CITY Scotts Valley | STATE CA | ZIP CODE 95066 |
| OFFICE SOUGHT (POSITION TITLE) City Council Member | AGENCY NAME City of Scotts Valley | DISTRICT NUMBER, if applicable. N/A | <input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: |
| OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County; _____ (Name of Multi-County Jurisdiction) | | 2020 (Year of Election) | (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.

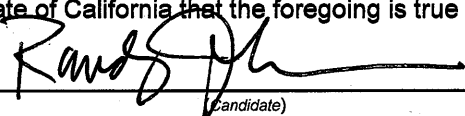
(Mark if applicable)

- 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 laws of the State of California that the foregoing is true and correct.

Executed on August 6 2020
(month, day, year)

Signature 
Candidate