

Candidate Intention Statement

Date Stamp RECEIVED AUG 04 2020 CITY OF SCOTTS VALLEY

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Check One: [X] Initial [] Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Donna R. Lind DAYTIME TELEPHONE NUMBER (831) 438-4187 FAX NUMBER (optional) () EMAIL (optional) dlindslind@earthlink.net STREET ADDRESS 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 [X] NON-PARTISAN OFFICE OFFICE JURISDICTION [] State [X] City [] County [] Multi-County: (Name of Multi-County Jurisdiction) 2020 (Year of Election) [] PRIMARY / GENERAL [] 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)

[X] 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 4 2020 (month, day, year)

Signature [Handwritten Signature] (Candidate)