

Candidate Intention Statement

FILED
SENDRY PEREZ, COUNTY CLERK
NOV 17 2023
BY [REDACTED] DEPUTY

CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>CARMON, GRANT, E.</u>	DAYTIME TELEPHONE NUMBER <u>(530) 517-1240</u>	FAX NUMBER (optional) ()	E-MAIL (optional) <u>OP0AGCARMON@GMAIL.COM</u>
STREET ADDRESS [REDACTED]	CITY <u>ORLAND</u>	STATE <u>CA</u>	ZIP CODE <u>95963</u>
OFFICE SOUGHT (POSITION TITLE) <u>COUNTY SUPERVISOR</u>	AGENCY NAME <u>GLENN COUNTY</u>	DISTRICT NUMBER, if applicable. <u>1</u>	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
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)		<u>2024</u> (Year of Election)	

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Year of Election) **Primary/general election** _____
(Year of Election) **Special/runoff election**

(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 11-17-23 Signature _____
(month, day, year) (Candidate)