

Candidate Intention Statement

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NOV 13 2023	For Official Use Only
BY: [REDACTED] DEPUTY	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>GURSEWAK SINGH</u>	DAYTIME TELEPHONE NUMBER <u>(916) 321-1191</u>	FAX NUMBER (optional) <u>() N/A</u>	EMAIL (optional) _____
STREET ADDRESS [REDACTED]	CITY <u>ORLANDO, CA</u>	STATE <u>CA</u>	ZIP CODE <u>95963</u>
OFFICE SOUGHT (POSITION TITLE) <u>LEWIS COUNTY SUPERVISOR</u>	AGENCY NAME _____	DISTRICT NUMBER, if applicable. <u>5</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)		<u>2024</u> (Year of Election)	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 laws of the State of California that the foregoing is true and correct.

Executed on 11-13-23
(month, day, year)

Signature [REDACTED]