

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp City of Grover Beach JUL 21 2020 RECEIVED CALIFORNIA FORM 501 For Official Use Only

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Miller, Anna L. DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional) STREET ADDRESS CITY Grover Beach STATE CA ZIP CODE 93433 OFFICE SOUGHT (POSITION TITLE) City Council Member AGENCY NAME City of Grover Beach DISTRICT NUMBER, if applicable. [X] NON-PARTISAN PARTY: OFFICE JURISDICTION [] State (Complete Part 2.) [X] City [] County [] Multi-County: City of Grover Beach (Name of Multi-County Jurisdiction) 2020 (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.)

2020 (Year of Election) Primary/general election Special/runoff election

(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 07/20/2020 (month, day, year) Signature (Candidate)