

Candidate Intention Statement

City of Grover Beach

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

FEB 26 2020
RECEIVED

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)

Joseph A Helms

STREET ADDRESS CITY STATE ZIP CODE

[Redacted] CA 93433

OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable NON-PARTISAN OFFICE

Grover Beach City Council PARTY PREFERENCE:

OFFICE JURISDICTION (Check one box, if applicable.)

- State (Complete Part 2.)
- City County Multi-County: _____ (Name of Multi-County Jurisdiction)
- PRIMARY / GENERAL
- SPECIAL / RUNOFF

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.)

(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 2/19/2020
(month, day, year)

Signature [Redacted]
(Candidate)