

Candidate Intention Statement

RECEIVED

Date Stamp *Temp B* **CALIFORNIA FORM 501**
 AUG 04 2022
 City of Grass Valley
 125 E. Main St

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Caravelli, Haven, C DAYTIME TELEPHONE NUMBER (530) 210 3644 FAX NUMBER (optional) () EMAIL (optional) hcaravelli@yahoo.com
 STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OFFICE SOUGHT (POSITION TITLE) Grass Valley City Council AGENCY NAME _____ DISTRICT NUMBER, if applicable _____ NON-PARTISAN OFFICE
 OFFICE JURISDICTION _____ PARTY PREFERENCE: _____
 State (Complete Part 2.) (Check one box, if applicable.)
 City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2022 PRIMARY / GENERAL
 (Year of Election) 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 07/30/2022
(month, day, year)