

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

RECEIVED
City Clerk's Office
JUL 10 2024
[Signature]
City of Grass Valley
125 E. Main St

CALIFORNIA
FORM **501**
For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Ivy, Thomas J DAYTIME TELEPHONE NUMBER (530) 263.7838 FAX NUMBER (optional) () EMAIL (optional) _____

STREET ADDRESS [REDACTED] CITY Grass Valley STATE CA ZIP CODE 95945

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME Grass Valley DISTRICT NUMBER, if applicable. _____ ☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION ☐ State (Complete Part 2.) ☒ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction) PARTY PREFERENCE: (Check one box, if applicable.) ☒ PRIMARY / GENERAL ☐ SPECIAL / RUNOFF

2024
(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 July 9 2024
(month, day, year)

Signature [REDACTED]
(Candidate)