RECEIVEDCity Clerks Office

Candidate Intention Statement		AUG 12 CALIFORNIA FORM 501
Check One: Initial Amendment (Explain	in)	City of Grass Valley 125 E. Main St
1. Candidate Information:		
NAME OF CANDIDATE (Last, First Middle Initial) MAHALW Could be street aboress City Council (200	DAYTIME TELEPHONE NUMBER (530) 27722/Y CITY FSS Vir/ley	FAX NUMBER (optional) EMAIL (optional) () MA MA STATE ZIP CODE
OFFICE SOUGHT (POSITION TITLE) AGENCY NATION OFFICE JURISDICTION OFFICE JURISDICTION	ME A	DISTRICT NUMBER, if applicable. PARTY PREFERENCE: (Check one box, if applicable.)
State (Complete Part 2.) City County Multi-County:	(Name of Multi-County Jurisdiction)	2027 (Year of Election) PRIMARY / GENERAL SPECIAL / RUNOFF
(Check one box) accept the voluntary expenditure ceiling for the	for the election stated above. he primary or special election held of	on/ and I accept the voluntary expenditure
(Mark if applicable) On,/I contributed personal fund	ds in excess of the expenditure ceili	ng for the election stated above.
Verification: I certify under penalty of perjury under the laws of th	the State of California that the foreg	ging is true and correct.
Executed on Avg (Z 2021 Sign	ature	- FPPC Form 501 (Augus

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov