# Candidate Intention Statement

**Check One:** ☐ Initial ☐ Amendment (Explain) _____

Date Stamp: RECEIVED JUL 14 2026 TOWN CLERK'S DEPT

CALIFORNIA FORM **501**

For Official Use Only

## 1. Candidate Information:

| NAME OF CANDIDATE (Last, First Middle Initial) | DAYTIME TELEPHONE NUMBER | FAX NUMBER (optional) | EMAIL (optional) |
|---|---|---|---|
| Waldrop, Andrew F | [redacted] | ( ) N/A | [redacted] |

| STREET ADDRESS | CITY | STATE | ZIP CODE |
|---|---|---|---|
| [redacted] | Paradise | CA | 95969 |

| OFFICE SOUGHT (POSITION TITLE) | AGENCY NAME | DISTRICT NUMBER, if applicable. | ☐ NON-PARTISAN OFFICE |
|---|---|---|---|
| Town Councilmember | Town of Paradise | N/A | PARTY PREFERENCE: NPP |

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☑ City ☐ County ☐ Multi-County: N/A (Name of Multi-County Jurisdiction)

2026 (Year of Election)

(Check one box, if applicable.)

☑ PRIMARY / GENERAL

☐ 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 July 13, 2026 (month, day, year)

Signature [redacted] (Candidate)