Candidate Intention Statement

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CALIFORNIA FORM **501**
For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

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

STREET ADDRESS	CITY	STATE	ZIP CODE
5555 Skyway	Paradise	CA	95969

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	☒ NON-PARTISAN OFFICE PARTY PREFERENCE:
Paradise Town Council			

OFFICE JURISDICTION

☐ State (Complete Part 2.)
☒ City ☐ County ☐ Multi-County: Town of Paradise (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)

☒ **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 02/14/2026 (month, day, year)

Signature [redacted] (Candidate)