Candidate Intention Statement

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CALIFORNIA FORM **501**
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Check One: ☑ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Bern, Alexandra K.
DAYTIME TELEPHONE NUMBER [redacted]
FAX NUMBER (optional) ( )
EMAIL (optional)
STREET ADDRESS [redacted]
CITY Paradise
STATE CA
ZIP CODE 95969
OFFICE SOUGHT (POSITION TITLE) Town Council
AGENCY NAME
DISTRICT NUMBER, if applicable.
☑ NON-PARTISAN OFFICE
PARTY PREFERENCE:
OFFICE JURISDICTION (Check one box, if applicable.)

☐ State (Complete Part 2.)
☑ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)
2026 (Year of Election)
☑ 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 8/3/2026 (month, day, year)
Signature [redacted] (Candidate)