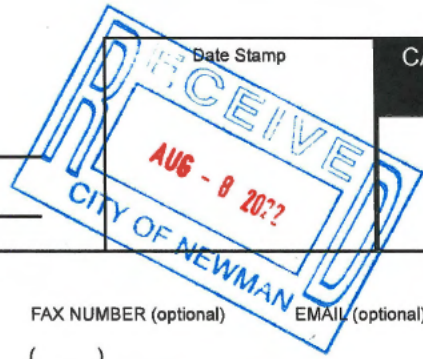


Candidate Intention Statement



CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) TOMLINSON GARY S		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
STREET ADDRESS		CITY NEWMAN	STATE CA	ZIP CODE 95360
OFFICE SOUGHT (POSITION TITLE) Council MEMBER	AGENCY NAME CITY OF NEWMAN	DISTRICT NUMBER, if applicable. N/A		<input type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION		PARTY PREFERENCE: (Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		2022 (Year of Election)		<input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 08/02/2022 (month, day, year) Signature [Signature] (Candidate)