Candidate Intention Statement	CALIFORNIA 501
Check One:	AUG = 3 2018 For Official Use Only
· ·	IOWN OF LOS ALTOS HILLS
1. Candidate Information:	
NAME OF CANDIDATE (Last, First, Middle Initial)  DAYTIME TELEPHONE NU	MBER FAX NUMBER (optional) E-MAIL (optional)
TYSON, GROIGE K-	( ) STATE ZIP CODE
OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME	DISTRICT NUMBER, if applicable. NON-PARTISAN
OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME  City Council Member Town of Los	Artos Auy PARTY:
OFFICE JURISDICTION	
☐ State (Complete Part 2.)  ☑ City ☐ County ☐ Multi-County: ☐ County ☐ Multi-County ☐ County	(Year of Election)
☑ City ☐ County ☐ Multi-County: (Name of Multi-County Jurisdiction)	(Year of Election)
(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:	
O I did not exceed the expenditure ceiling in the primary or special election held the general or special run-off election.	on:/ and I accept the voluntary expenditure ceiling for
(Mark if applicable)	
On/, I contributed personal funds in excess of the expenditure cei	ing for the election stated above.
3. Verification:	
I certify under penalty of perjury under the laws of the State of California that the	e foregoing is true and correct.
$Q_{-M_{1}}$	To .
Executed on (month, day, year), Signature	FPPC Form 501 (Jan/

FPPC Form 501 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov