Candidate intention Statement	Type or Print in Ink.	NECEIVE FORM 501
Check One:	n)	MAY 2 6 2022 BY:
1. Candidate Information:	(, , , , , , , , , , , , , , , , , , ,	
NAME OF CANDIDATE (Last, First, Middle Initial) Paris Stepp STREET ADDRESS	DAYTIME TELEPHONE NUMBER (209) 534-0237 CITY	FAX NUMBER (optional) ()
899 Magnetite Way	Waterford	CA 95386 DISTRICT NUMBER, if applicable. DI NON-PARTISAN
OFFICE SOUGHT (POSITION TITLE) AGENCY NA		
City Council Member City of War	aterford) PARTY:
☐ State (Complete Part 2.)		2020
☑ City ☐ County ☐ Multi-County:	(Name of Multi-County Jurisdiction)	(Year of Election)
(Check one box) I accept the voluntary expenditure ceiling for the election Primary/general election	Special/runoff election	
☐ I do not accept the voluntary expenditure ceiling for Amendment:	the election stated above.	
O I did not exceed the expenditure ceiling in the the general or special run-off election.	orimary or special election held on:	and I accept the voluntary expenditure ceiling for
(Mark if applicable) On/, I contributed personal funds i	n excess of the expenditure ceiling for the	election stated above.
3. Verification:		
certify under penalty of perjury under the laws of	the State of California that the foregoin	ng is true and correct.
5-24-27	nature (Candidate)	FPPC Form 501 (April/201 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-377

CANDIDATE INTENTION STATEMENT