

Candidate Intention Statement

FILED

Date Stamp

NOV 27 2019

CALIFORNIA
FORM

501

For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

DOUGLAS M. PROUTY

STREET ADDRESS

[REDACTED]

OFFICE BEING CONTESTED

SUPERIOR Court JUDGE

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County:

DAYTIME TELEPHONE NUMBER

(530) 949-2130

FAX NUMBER (optional)

()

EMAIL (optional)

CITY

Quincy

STATE

CA

ZIP CODE

95971

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

PRIMARY / GENERAL

2020

(Year of Election)

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 11/27/19
(month, day, year)

Signature

[REDACTED]

**Statement of Organization
Recipient Committee**

Statement Type

Initial Amendment Termination – See Part 5

Not yet qualified
or

Date qualification threshold met

Date qualification threshold met

____/____/____

____/____/____

Date of termination
BY

____/____/____

KATHLEEN WILLIAMS

NOV 27 2019

Date Stamp

**CALIFORNIA
FORM**

410

For Official Use Only

1. Committee Information

**I.D. Number
(if applicable)**

NAME OF COMMITTEE

Douglas M. Prouty

STREET ADDRESS (NO P.O. BOX)

QUINCY CA 95971 530-283-6016

CITY STATE ZIP CODE AREA CODE/PHONE

P.O. Box 476 QUINCY, CA 95971

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

PLUMAS

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

No Committee

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and declare under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify under

Executed on 11/27/19 DATE

By _____

TREASURER

Executed on _____ DATE

By _____

CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ DATE

By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ DATE

By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov