

**Candidate Intention Statement**

<b>RECEIVED</b> Date Stamp <b>JUL 23 2020</b> <b>CITY CLERK</b>	CALIFORNIA FORM <b>501</b>
	For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First Middle Initial) Rosiak TERESA A. FAX NUMBER (optional) (-)- EMAIL (optional) teresa.rosiak2018@gmail.com

STREET ADDRESS [REDACTED] CITY Lemon Grove STATE CA. ZIP CODE 91945

OFFICE SOUGHT (POSITION TITLE) Lemon Grove City Council AGENCY NAME City of Lemon Grove DISTRICT NUMBER, if applicable N/A  NON-PARTISAN OFFICE

OFFICE JURISDICTION  State (Complete Part 2.)  City  County  Multi-County: City of Lemon Grove (Name of Multi-County Jurisdiction) PARTY PREFERENCE: (Check one box, if applicable.)  PRIMARY / GENERAL  SPECIAL / RUNOFF

(Year of Election) 2020

**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      that the foregoing is true and correct.

Executed on 7/17/2020  
(month, day, year)

Signature [REDACTED]  
(Candidate)