

Candidate Intention Statement

Date Stamp RECEIVED JUN 27 2022 CITY CLERK	CALIFORNIA FORM 501 For Official Use Only
--	---

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Heredia, Jessica DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED] EMAIL (optional) [REDACTED]

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

OFFICE SOUGHT (POSITION TITLE) Lemon Grove City Council AGENCY NAME Lemon Grove DISTRICT NUMBER, if applicable [REDACTED] NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.) City County Multi-County: Lemon Grove (Name of Multi-County Jurisdiction)

PRIMARY / GENERAL SPECIAL / RUNOFF

Year of Election: 2022

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 6/24/2022
(month, day, year)

Signature [REDACTED]