

Candidate Intention Statement

Date Stamp Received JAN 05 2026 City Clerk [Redacted]	CALIFORNIA FORM 501
	For Official Use Only

Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Johnson, Krystle K	DAYTIME TELEPHONE NUMBER [Redacted]	FAX NUMBER (optional) ()	EMAIL (optional) [Redacted]
STREET ADDRESS [Redacted]	CITY Lemon Grove	STATE CA	ZIP CODE [Redacted]
OFFICE SOUGHT (POSITION TITLE) Lemon Grove City Council	AGENCY NAME Lemon Grove	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.)
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County:	Lemon Grove (Name of Multi-County Jurisdiction)	2026 (Year of Election)	<input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 January 2 2026
(month, day, year)

Signature

[Redacted Signature]