

Candidate Intention Statement

Check One: Initial Amendment (explain) _____

RECEIVED
Date Stamp
AUG 3 2020
CITY CLERK

CALIFORNIA FORM 501
For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) ~~Jones-Jones~~ **JERRY JONES** DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED] EMAIL (optional) councilmanjones@gmail.com

OFFICE SOUGHT (POSITION TITLE) [REDACTED] AGENCY NAME City of Lemon Grove CITY Lemon Grove STATE CA ZIP CODE 91945

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (Year of Election) _____

PARTY PREFERENCE: NON-PARTISAN OFFICE PRIMARY / GENERAL SPECIAL / RUNOFF

(Check one box.)

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 07 29 2020
(month, day, year)

Signature

[Handwritten Signature]