

# Candidate Intention Statement

Check One:  Initial

Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Williams, Christopher, O

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

chris@xmjmedia.com

STREET ADDRESS

[REDACTED]

CITY

Lemon Grove

STATE

CA

ZIP CODE

91945

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME  
Lemon Grove

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

PARTY PREFERENCE:

OFFICE JURISDICTION

State (Complete Part 2)

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

2020

(Year of Election)

(Check one box, if applicable.)

PRIMARY / GENERAL

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

August 7, 2020

(month, day, year)

Signature

[REDACTED]

(Candidate)

