Check One: Initial Amendment (Explain)  FEB 07 2022  T. Candidate Information:  NAME OF CANDIDATE (Last, First Middle Initial) Blanca Brown  STREET ADDRESS  CITY  STATE  Lemon Grove  CA  91945  OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME  Lemon Grove  OFFICE JURISDICTION  State (Complete Part 2.)  City County Multi-County  Multi-County Multi-County Jurisdiction)  City County Multi-County Special /  (Check one box)  Accept the voluntary expenditure ceiling for the election stated above.  Amendment:	FFICE  k, if applicable.)
1. Candidate Information:  NAME OF CANDIDATE (Last, First Middle Initial)  Blanca Brown  CITY  STATE  ZIP CODE  Lemon Grove  CA  91945  OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME  Lemon Grove  OFFICE JURISDICTION  State (Complete Part 2.)  City  City  County  Multi-County  Multi-County  (Name of Multi-County Jurisdiction)  (CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)  (Check one box)  I do not accept the voluntary expenditure ceiling for the election stated above.	k, if applicable.)
DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)  Blanca Brown  STREET ADDRESS  CITY  STATE  ZIP CODE  Lemon Grove  CA  91945  DEFICE SOUGHT (POSITION TITLE)  AGENCY NAME  City Council  Lemon Grove  DEFICE JURISDICTION  State (Complete Part 2.)  City County  Multi-County  (Name of Multi-County Jurisdiction)  (Year of Election)  PRIMARY /  CallPERS 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.	k, if applicable.)
Blanca Brown  STREET ADDRESS  CITY STATE ZIP CODE Lemon Grove  CA 91945  DISTRICT NUMBER, if applicable   NON-PARTISAN OF PARTY PREFERENCE DEFICE JURISDICTION   State (Complete Part 2.)   PRIMARY / State (Complete Part 2.)   PRIMARY / 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.	k, if applicable.)
ESTREET ADDRESS  CITY  Lemon Grove  CA 91945  OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME  Lity Council  Lemon Grove  DISTRICT NUMBER, if applicable. NON-PARTISAN OF PARTY PREFERENCE  (Check one box)  City Council  County Multi-County  (Name of Multi-County Jurisdiction)  (Check one box)  Carry  STATE  ZIP CODE  CA 91945  NON-PARTISAN OF  PARTY PREFERENCE  (Check one box)  (Check one box)  Carry  (Name of Multi-County Jurisdiction)  (Name of Multi-County Jurisdiction)  (Check one box)  Carry  (Check one box)  Carry  STATE  ZIP CODE  CA 91945  NON-PARTISAN OF  PARTY PREFERENCE  (Check one box)  Carry  (Name of Multi-County Jurisdiction)  (Year of Election)  SPECIAL /  SPECIAL /  Check one box)	k, if applicable.)
Lemon Grove  CA 91945  DEFFICE SOUGHT (POSITION TITLE)  AGENCY NAME  Lemon Grove  Lemon Grove  DISTRICT NUMBER, if applicable. NON-PARTISAN OF PARTY PREFERENCE  (Check one box)  Check one box)  I do not accept the voluntary expenditure ceiling for the election stated above.	x, if applicable.)
AGENCY NAME  City Council  Lemon Grove  Check one box  (Check one box)  [Check one box)	x, if applicable.)
City Council Lemon Grove    City Council Lemon Grove   PARTY PREFERENCE	x, if applicable.)
Check one box    Check one box    I do not accept the voluntary expenditure ceiling for the election stated above.	k, if applicable.)
State (Complete Part 2.)  ☐ City ☐ County ☐ Multi-County: (Name of Multi-County Jurisdiction)  ☐ SPECIAL /  ☐ State Candidate Expenditure Limit Statement: (CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)  ☐ I accept the voluntary expenditure ceiling for the election stated above.  ☐ I do not accept the voluntary expenditure ceiling for the election stated above.	
County   Multi-County   Multi-County	
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.	GENERAL
(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.	RUNOFF
O I did not exceed the expenditure ceiling in the primary or special election held on/ and I accept the volunceiling for the general or special run-off election.	tary expenditure
(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 02 07 2022 Signature (month, day, year)	