

Candidate Intention Statement

CITY OF STANTON

CALIFORNIA FORM

501

Check One: [X] Initial [] Amendment (Explain) _____

JUL 30 2020

For Official Use Only

CITY CLERK'S OFFICE

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Jeff Jones
DAYTIME TELEPHONE NUMBER (714) 873-4169
FAX NUMBER (optional)
EMAIL (optional)
STREET ADDRESS
CITY STATE ZIP CODE
OFFICE SOUGHT (POSITION TITLE) Council Member
AGENCY NAME City of Stanton
DISTRICT NUMBER, if applicable 4
NON-PARTISAN OFFICE [X]
PARTY PREFERENCE:
OFFICE JURISDICTION: [X] City [] County [] Multi-County: Stanton
State (Complete Part 2.) []
Year of Election 2020
PRIMARY / GENERAL [X]
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 07 30 2020
(month, day, year)

Signature [Redacted]