Candidate Intention Statement		Date Stamp	CALIFORNIA	501
Check One:		AUG 16 21 Cuts ct	FORM For Official Use	Only
1. Candidate Information:	105-1207-9488			
NAME OF CANDIDATE (Last, First, Middle Initial)	YTIME TELEPHONE NUMBER	(-)	E-MAIL (optional) 1 L JONES 4 ORWAY ZIP CODE	legmuil.
5218 MOONS TONE Way OFFICE SOUGHT (POSITION TITLE) OXNAID City Greusurer	Oxnavd	DISTRICT NUMBER, if ap	93035 plicable. NON-PARTISAN PARTY:	
OFFICE JURISDICTION State (Complete Part 2.)	MA e of Multi-County Jurisdiction)	O U	<u>O</u>	
2. State Candidate Expenditure Limit Statement: (CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local of the calculation (Year of Election) (Check one box) I accept the voluntary expenditure ceiling for the election stated	cial/runoff election			
☐ I do not accept the voluntary expenditure ceiling for the election Amendment: ○ I did not exceed the expenditure ceiling in the primary or		/ / and Laccept th	e voluntary expenditure ceili	na for
the general or special run-off election. (Mark if applicable) On/	andrews Experience		o voidinairy experientare centi	ig to:
3. Verification: I certify under penalty of perjury under the laws of the State of	of California that the foregoi	ng is true and correct.	FPPC FPPC Advice: advice@fppc.c	Form 501 (Jan/2016) a.gov (866/275-3772) www.fppc.ca.gov