

Candidate Intention Statement

FILED THIS DATE IN THE OFFICE
OF THE CITY CLERK OF THE CITY
OF CHINO

CALIFORNIA FORM **501**
For Official Use Only

Check One: Initial Amendment (Explain) _____

AUG 10 2020

[Signature]

City Clerk,

1. Candidate Information:

Deputy City Clerk,

NAME OF CANDIDATE (Last, First Middle Initial) Brandy Jones DAYTIME TELEPHONE NUMBER (909) 315-8247 FAX NUMBER (optional) () EMAIL (optional) BrandyJones4Chino@gmail.com

STREET ADDRESS 8828 Bayleaf St CITY Chino STATE CA ZIP CODE 91708

OFFICE SOUGHT (POSITION TITLE) City Council Member, District 4 AGENCY NAME _____ DISTRICT NUMBER, if applicable. 4 NON-PARTISAN OFFICE

OFFICE JURISDICTION _____ PARTY PREFERENCE: _____
(Check one box, if applicable.)

State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2020 PRIMARY / GENERAL SPECIAL / RUNOFF
(Year of Election)

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 _____

