Check One: Initial Amendment (Explain) AUG 6 2020 For Official Use Only CITY CLERK 1. Candidate Information: NAME OF CANDIDATE (Lest, First Middle Initial) Arambula, David DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) ()	Candidate Intention St	atement			REOF	WED.	CALIFORNIA 501
NAME OF CANDIDATE (Law, First Midde Initial) Arambula, David STREET ADDRESS CITY STATE Lemon Grove CA 91945 PERCE SOUGHT (POSITION TITLE) AGENCY NAME City of Lemon Grove CITY AGENCY NAME City of Lemon Grove CA 91945 DISTRICT NUMBER, if applicables Non-Partisan Office Party PREFERENCE: (Check one box, if applicables) (Check one box, if applicables) (Check one box, if applicables) (Check one box) I do not accept the voluntary expenditure ceiling for the election stated above. Amendment: O I did not exceed the expenditure ceiling in the primary or special election held on and I accept the voluntary expenditure ceiling for the election. (Mark if applicable) On, I contributed personal funds in excess of the expenditure ceiling for the election stated above. A ugust 6 2020 AGENCY NAME CITY STATE ZIP CODE CA 91945 PAN NUMBER (optional) (A) STATE ZIP CODE CA 91945 (Check one box) (Check one box) (Check one box) I do not accept the voluntary expenditure ceiling for the election stated above. Amendment: O I did not exceed the expenditure ceiling in the primary or special election held on and I accept the voluntary expenditure ceiling for the election. (Mark if applicable) I certify under penalty of perjury under the laws of the St	Check One: Initial	Amendment (Explain)		_			
Arambula, David CITY STATE ZIP CODE Lemon Grove CA 91945 OFFICE SOUGHT (POSITION TITLE) AGENCY NAME City Of Lemon Grove City of Lemon Grove City of Lemon Grove City of Lemon Grove Charry Preference: (Chack one box) Chapters and Calistric and Cali	1. Candidate Information:						L
STREET ADDRESS CITY Lemon Grove Lemon Grove Lemon Grove Lemon Grove Lemon Grove DISTRICT NUMBER, if applicable Non-PARTISAN OFFICE PARTY PREFERENCE: Check one box, if applicable, and 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. Amendment: O I did not exceed the expenditure ceiling in the primary or special election held on	NAME OF CANDIDATE (Last, First Middle Initia	ni)	DAYTIME TELEPHONE NUMBER	FAX NUM	MBER (optional)	EMAIL (op	otional)
Lemon Grove CA 91945	Arambula, David			()		
OFFICE SOUGHT (POSITION TITLE) City Council City of Lemon Grove City	STREET ADDRESS		CITY		STATE	ZIP CODE	
City Council City of Lemon Grove PARTY PREFERENCE: (Check one box, if applicable)			Lemon Grove				
Check one box, applicable.	,			DISTRICT	NUMBER, if applica	able. NON-	PARTISAN OFFICE
State (Complete Part 2) City County Multi-County: (Name of Multi-County Jurisdiction) 2020 (Year of Election) SPECIAL / RUNOFF 2020 (Check one box) I do not accept the voluntary expenditure ceiling for the election stated above. Amendment: I do not accept the voluntary expenditure ceiling in the primary or special election held on	· · · · · · · · · · · · · · · · · · ·	City of Lemon	n Grove	<u> </u>			
City County Multi-County: (Name of Multi-County Jurisdiction) 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. Amendment: O 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 States and calculates and candidates, and candidates for local offices do not complete Part 2.)					2020	_	_
(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. Verification:	City County Mul	ti-County:	(Name of Multi-County Jurisdiction)		(Year of	Election)	SPECIAL / RUNOFF
On,I contributed personal funds in excess of the expenditure ceiling for the election stated above. Verification: I certify under penalty of perjury under the laws of the State August 6 2020	Amendment:	ntary expenditure ceiling fo	r the election stated above. primary or special election held or	1 <i>l</i>	<i>l</i> ar	nd I accept	the voluntary expenditure
On,I contributed personal funds in excess of the expenditure ceiling for the election stated above. I certify under penalty of perjury under the laws of the State August 6 2020							
I certify under penalty of perjury under the laws of the Sta	(Mark if applicable)						
I certify under penalty of perjury under the laws of the Sta	☐ On,I co	ontributed personal funds i	in excess of the expenditure ceiling	g for the	election state	d above.	
August 6 2020	3. Verification:		•				
	I certify under penalty of per	rjury under the laws of the	Sta				
	August 6	2020					

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov