Candidate Intention Statement					CALIFORNIA 501			
Check One:	<b>☑</b> initial	Amendment (Expl	iain)		CITY (	2 2022 CLERK	For Official Use Only EB 22 2022 PM03:0'2	
1. Candidate in	formation:							
NAME OF CANDIDATE	(Last, First Middle Initia	ni)	DAYTIME TELEPHONE NUMBER	FAX NUN	/BER (optional)	EMAIL (option	nal)	
lennifer Mendoza								
STREET ADDRESS			CITY		STATE	ZIP CODE		
		A APPLAY II	Lemon Grove	Injetoict	CA	91945	TIBAN OFFICE	
FFICE SOUGHT (POS		AGENCY N		Diatrici	NUMBER, If applica	NON-PAI	RTISAN OFFICE	
City Councilmemb		City of L	emon Grove			PARTY PRE	FERENCE: ck one box, if applicable.)	
State (Complete						A	PRIMARY / GENERAL	
City C		Iti-County:			2022		SPECIAL / RUNOFF	
	Outly Ividi	m-oounty.	(Name of Multi-County Jurisdiction)		(Year of E	lection)	I LOIME / NOTO !	
I do not ac  Amendm  I did r	cept the volurent:	ntary expenditure ceillin	e election stated above.  Ing for the election stated above.  the primary or special election held lection.	ld on/_	/ and	d I ac <b>cept</b> th	e voluntary expenditure	
(Mark if applicable)								
☐ On,	l c	ontributed personal fur	nds in excess of the expenditure ce	eiling for the	election stated	l above.		
3. Verification:								
	2	022	the State of California that the fore	egoing is true	and correct.			
Executed on	rebruary 18, 24	Sig	nature .		-		FDDC Forms FO1 /August	