

Hand-delivered

CITY OF LEMON GROVE

Date Stamp <b>DEC 21 2023</b>	<b>CALIFORNIA FORM 501</b>
<b>COMMUNITY DEVELOPMENT CITY CLERK</b> DOEL PABLO	
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### Candidate Intention Statement

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

#### 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <b>Snow, Alysson R.</b>	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ( )	EMAIL (optional) <b>snow.esquire@gmail.com</b>
STREET ADDRESS [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
OFFICE SOUGHT (POSITION TITLE) <b>Mayor</b>	AGENCY NAME <b>City of Lemon Grove</b>	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		2024 (Year of Election)	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 12/21/23  
(month, day, year)

Signature [REDACTED]