Candidate Intention Statement			FORM 501	
Check One: Initial Amendment	Explain)	MAY 11 CITY CL	2022 For Official Use Only	
1. Candidate Information:				
NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)	
Snow, Alysson R.		()		
STREET ADDRESS	CITY	STATE	ZIP CODE	
	Lemon Grove	CA	91945	
	YNAME	DISTRICT NUMBER, if applicable	April 1	
City Council			PARTY PREFERENCE: Democrat	
OFFICE JURISDICTION			(Check one box, if applicable.)	
State (Complete Part 2.)		2022	PRIMARY / GENERAL	
	(Name of Multi-County Jurisdiction)	(Year of Elec	lion) SPECIAL / RUNOFF	
(Check one box) I accept the voluntary expenditure ceiling for I do not accept the voluntary expenditure ceiling Amendment: I did not exceed the expenditure ceiling ceiling for the general or special run-or	iling for the election stated above. in the primary or special election held of	on/ and	l accept the voluntary expenditure	
(Mark if applicable)				
(Mark If applicable) On,/I contributed personal	funds in excess of the expenditure ceili	ng for the election stated a	above.	
3. Verification:				
I certify under penalty of perjury under the laws	of the State of California that the foregr	oing is true and correct.		
Executed on May 09, 2022 (month, day, year)	Signature(Canhidate)		FPPC Form 501 (August/	