

Candidate Intention Statement

|            |                            |
|------------|----------------------------|
| Date Stamp | CALIFORNIA FORM <b>501</b> |
| RECEIVED   | For Official Use Only      |
|            |                            |

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

2022 FEB -9 P 4: 30

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Jimenez, Stacy D  
 DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED] EMAIL (optional) stacydj@gmail.com  
 STREET ADDRESS [REDACTED] CITY Foster City STATE CA ZIP CODE 94404  
 OFFICE SOUGHT (POSITION TITLE) City Council Member AGENCY NAME City of Foster City DISTRICT NUMBER, if applicable. [REDACTED]  NON-PARTISAN OFFICE  
 OFFICE JURISDICTION  
 State (Complete Part 2.) (Check one box, if applicable.)  
 City  County  Multi-County: \_\_\_\_\_ PARTY PREFERENCE:  
 PRIMARY / GENERAL  
 SPECIAL / RUNOFF  
 2022 (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 information provided is true and correct.

Executed on 02 08 2022  
 (month, day, year)

Signature [REDACTED]