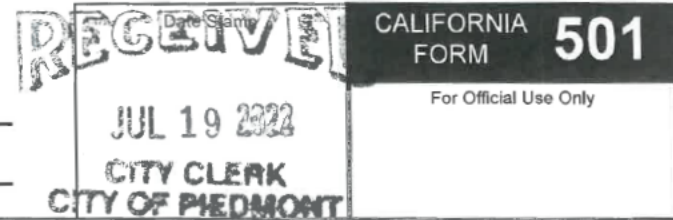


Candidate Intention Statement

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



1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Lona Jennifer N DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) ( ) EMAIL (optional) STREET ADDRESS [REDACTED] CITY Piedmont CA 94610 STATE ZIP CODE OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME City of Piedmont DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE PARTY PREFERENCE: OFFICE JURISDICTION (Check one box, if applicable.) State (Complete Part 2.) City County Multi-County: (Name of Multi-County Jurisdiction) 2022 (Year of Election) PRIMARY / GENERAL 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 7/19/22 (month, day, year) Signature [REDACTED] (Candidate)