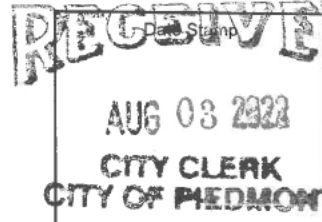


Candidate Intention Statement



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

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Solnordal, Jeanne, M. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED] EMAIL (optional) [REDACTED] STREET ADDRESS [REDACTED] CITY Piedmont, CA 94611 STATE CA ZIP CODE 94611 OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME City of Piedmont DISTRICT NUMBER, if applicable. [REDACTED] NON-PARTISAN OFFICE [checked] PARTY PREFERENCE: (Check one box, if applicable.) [checked] PRIMARY / GENERAL [ ] SPECIAL / RUNOFF OFFICE JURISDICTION: [ ] State (Complete Part 2.) [checked] City [ ] County [ ] Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) 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 foregoing is true and correct.

Executed on 8/3/2022 (month, day, year)

Signature [REDACTED] (Candidate)