

Candidate Intention Statement

Date Stamp
CALIFORNIA FORM 501
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CITY CLERK'S OFFICE
FEB 14 2020 PM 02:25

Check One: [ ] Initial [x] Amendment (Explain) Email and phone number change

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)
Wheat Lynn ( 916 ) 430-4487 wheat4citycouncil@gmail.com
STREET ADDRESS CITY STATE ZIP CODE
[Redacted] Elk Grove Ca 95624
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. [x] NON-PARTISAN OFFICE
Elk Grove City Council City of Elk Grove 3
OFFICE JURISDICTION (Check one box, if applicable )
[ ] State (Complete Part 2.) [ ] PRIMARY / GENERAL
[x] City [ ] County [ ] Multi-County: (Name of Multi-County Jurisdiction) 2020 (Year of Election) [ ] 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 2-14-2020 (month, day, year)

Signature [Redacted] (Candidate)