

### Candidate Intention Statement

Date Stamp	CALIFORNIA FORM <b>501</b>

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

#### 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Brown, Justin C. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) ( ) EMAIL (optional) justinfor mayor of elk grove @ gmail . com

STREET ADDRESS Mayor Of Elk Grove, CITY Elk Grove STATE CA ZIP CODE 95624

OFFICE SOLUTIONS (OPTIONAL) [REDACTED] AGENCY NAME [REDACTED] DISTRICT NUMBER, if applicable [REDACTED]  NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2)  City  County  Multi-County. City OF Elk Grove (Name of Multi-County Jurisdiction) 2020 (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 1/13/2020  
(month/day/year)

Signature [REDACTED]  
(Candidate)