

RECEIVED  
CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE

Date Stamp

2016 JUL 25 PM 4:04

CALIFORNIA FORM 501

For Official Use Only

### Candidate Intention Statement

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

#### 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Jones, Steven R. DAYTIME TELEPHONE NUMBER (714) 813-0752 FAX NUMBER (optional) (714) 636-9900 E-MAIL (optional) Jones4gg@gmail.com

STREET ADDRESS 11542 Montclair Drive CITY Garden Grove STATE CA ZIP CODE 92841

OFFICE SOUGHT (POSITION TITLE) Mayor AGENCY NAME City of Garden Grove DISTRICT NUMBER, if applicable. \_\_\_\_\_ PARTY:  NON-PARTISAN

OFFICE JURISDICTION \_\_\_\_\_ (Name of Multi-County Jurisdiction) \_\_\_\_\_ (Year of Election) \_\_\_\_\_

State (Complete Part 2.)  City  County  Multi-County:

#### 2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

\_\_\_\_\_  
(Year of Election) Primary/general election \_\_\_\_\_  
(Check one box) Special/runoff election

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 6/28/16  
(month, day, year)

Signature Steven Jones  
(Candidate)