Candidate Intention Statement

Check One: ☑ Initial  ☐ Amendment (Explain) ____________________________

1. Candidate Information:

NAME OF CANDIDATE: Lewis, John P.
DAYTIME TELEPHONE NUMBER: (831) 224-2833
STREET ADDRESS: 
CITY: Scotts Valley
STREET ADDRESS [REDACTED]

OFFICE SOUGHT (POSITION TITLE): City Council Member
AGENCY NAME: City of Scotts Valley

STATE: CA
ZIP CODE: 95066

DISTRICT NUMBER, if applicable: 
NON-PARTISAN OFFICE: ☐
PARTY PREFERENCE: ☑

OFFICE JURISDICTION: ☑ City
☐ County  ☐ Multi-County: 

(NAME of Multi-County Jurisdiction) 

2020 (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.)

☐ 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.

☐ 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 8-6-2020 (month, day, year)  
Signature __________________ (Candidate)