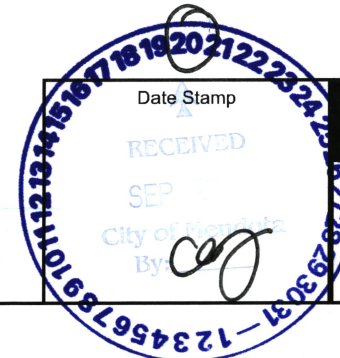


# Candidate Intention Statement



CALIFORNIA FORM **501**  
For Official Use Only

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

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Leiva, Jonathan R DAYTIME TELEPHONE NUMBER [redacted] FAX NUMBER (optional) ( ) EMAIL (optional) [redacted]

STREET ADDRESS [redacted] CITY [redacted] STATE [redacted] ZIP CODE [redacted]

OFFICE SOUGHT (POSITION TITLE) city Council CITY City of Mendota PARTY PREFERENCE: L

OFFICE JURISDICTION (Check one box, if applicable.)  
 State (Complete Part 2.)  PRIMARY / GENERAL  
 City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) 2022  SPECIAL / RUNOFF  
(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 9/20/22 Signature [redacted]  
(month, day, year)