

**Candidate Intention Statement**

RECEIVED Date Stamp JUL 16 2018 SONOMA CITY CLERK	<b>CALIFORNIA FORM 501</b> For Official Use Only
--	---

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

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First, Middle Initial) DING, JUNHUI, "JACK" DAYTIME TELEPHONE NUMBER (707) 343-1898 FAX NUMBER (optional) (707) 343-1951 E-MAIL (optional) \_\_\_\_\_

CITY SONOMA STATE CA ZIP CODE 95476

OFFICE SOUGHT (POSITION TITLE) COUNCIL MEMBER AGENCY NAME CITY OF SONOMA DISTRICT NUMBER, if applicable. N/A  NON-PARTISAN PARTY: \_\_\_\_\_

OFFICE JURISDICTION  
 State (Complete Part 2.)  
 City  County  Multi-County: CITY OF SONOMA (Name of Multi-County Jurisdiction) Year of Election 2018

**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**      \_\_\_\_\_  
(Year of Election) **Special/runoff election**

*(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 07/16/2018 Signature \_\_\_\_\_  
(month, day, year) (Candidate)