

RECEIVED

MAY 25 2020

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

Date Stamp CITY OF SONOMA	CALIFORNIA FORM 501 For Official Use Only
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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	EMAIL (optional) jack@unicomtax.com
STREET ADDRESS 859 Palou St	CITY Sonoma	STATE CA	ZIP CODE 95476
OFFICE SOUGHT (POSITION TITLE) Council Member	AGENCY NAME City of Sonoma	DISTRICT NUMBER, if applicable. N/A	<input type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: Democrat
OFFICE JURISDICTION			
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: City of Sonoma <div style="text-align: right;">2020 (Year of Election)</div>			

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 May 6th, 2020
(month, day, year)

Signature [Signature]
(Candidate)

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov