

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: Initial Amendment (Explain) _____

Date Stamp

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13 APR -3 AM 10:10

SAN DIEGO, CALIF.

CALIFORNIA FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) LEE, MITZ S.		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
STREET ADDRESS		CITY	STATE	ZIP CODE
		San Diego	CA	92126
OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL MEMBER	AGENCY NAME SAN DIEGO CITY	DISTRICT NUMBER, if applicable. DISTRICT 6	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:	
OFFICE JURISDICTION				
<input type="checkbox"/> State (Complete Part 2.)				
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____		2014 (Year of Election)		
		(Name of Multi-County Jurisdiction)		

2. State Candidate Expenditure Limit Statement:

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

_____ <small>(Year of Election)</small> Primary/general election	_____ <small>(Year of Election)</small> Special/runoff election
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(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 03/29/13
(month, day, year)

Signature Mitz S. Lee
(Candidate)