

# Candidate Intention Statement

Check One:  Initial  Amendment  
(Explain)

Date Stamp <b>FILED</b> AUG 08 REC'D ALBANY CITY CLERK	<b>CALIFORNIA FORM 501</b> For Official Use Only
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## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Garrett-Pinguelo, Jeremiah</u>	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ( )	EMAIL (optional) [REDACTED]
STREET ADDRESS <u>City Council</u>	CITY <u>City of Albany</u>	STATE	ZIP CODE
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION	PARTY PREFERENCE:		
<input type="checkbox"/> State (Complete Part 2.)	(Check one box, if applicable.)		
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	<u>2024</u>	<input checked="" type="checkbox"/> PRIMARY / GENERAL	<input type="checkbox"/> SPECIAL / RUNOFF
	(Name of Multi-County Jurisdiction)	(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 8-8-2024  
(month, day, year)

Signature [REDACTED]