

# Candidate Intention Statement

Date Stamp	CALIFORNIA FORM <b>501</b>
<b>RECEIVED</b> JUL 23 2024 LTS 7/23	For Official Use Only

Check One:  Initial  Amendment (Explain)

## 1. Candidate Information:

**CITY OF LINCOLN**

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
ENSTEN, JAMES, R		( )	
STREET ADDRESS	CITY	STATE	ZIP CODE
	LINCOLN	CA	95648
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
COUNCILMEMBER	LINCOLN	DISTRICT 3	PARTY PREFERENCE:
OFFICE JURISDICTION			(Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.)			<input checked="" type="checkbox"/> PRIMARY / GENERAL
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County:	LINCOLN	2024	<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 July 23, 2024 Signature [Signature]  
(month, day, year) (Candidate)