Candidate Intention Statement	Date Sta	CALIFORNIA 501
Check One:	JUN 27	2024 For Official Use Only
	CITY OF LOW	
1. Candidate Information:		
NAME OF CANDIDATE (Last, First Middle Initial)  DAYTIME TELEPHONE N	IUMBER FAX NUMBER (optional)	EMAIL (optional)
Ball, Jeremy J.	( )	
STREET ADDRESS CITY	STATE	ZIP CODE
Lompoc	CA	93436
AGENCY NAME	DISTRICT NUMBER, if applica	3.1.
City Council City of Lompoc	Four	PARTY PREFERENCE: Democra
State (Complete Part 2.)		PRIMARY / GENERAL
City County Multi-County:	20	2 4 SPECIAL / RUNOFF
(Name of Multi-County Jurison	(real of	
(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 ing for the general or special run-off election.		accept the voluntary expenditure ceil-
(Mark if applicable)		
On I contributed personal funds in excess of the expendi	ture ceiling for the election stated a	bove.
3. Verification:		
I certify under penalty of perjury under the laws of the State of California that the Executed on	e foregoing is true and correct.	
	Candidate)	500 5 - 504 /A

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FPPC Form 501 (August/2023)
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