

Candidate Intention Statement

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CALIFORNIA FORM 501

For Official Use Only

Check One: [x] Initial [] Amendment (Explain)

City of Lompoc - City Clerk's Office

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Osborne, Jenelle A. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () n/a EMAIL (optional) [REDACTED] STREET ADDRESS [REDACTED] CITY Lompoc STATE CA ZIP 93436 OFFICE POSITION (POSITION TITLE) Mayor AGENCY NAME City of Lompoc DISTRICT NUMBER, if applicable. n/a NON-PARTISAN OFFICE [x] PARTY PREFERENCE: (Check one box, if applicable.) [x] PRIMARY / GENERAL [] SPECIAL / RUNOFF OFFICE JURISDICTION: [] State (Complete Part 2.) [x] City [] County [] Multi-County: (Name of Multi-County Jurisdiction) 2024 (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 7/19/2024 (month, day, year)

Signature Jenelle A Osborne (Candidate)