

Candidate Intention Statement

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CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) BRIETIGAM, GEORGE, S. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) (-) - N/A E-MAIL (optional) GBRIETIGAM@SOCAL.RR.COM

STREET ADDRESS [REDACTED] GARDEN GROVE, CA. 92845 STATE CA ZIP CODE 92845

OFFICE SOUGHT (POSITION TITLE) GARDEN GROVE COUNCIL MEMBER, DISTRICT NO. 1 AGENCY NAME CITY OF GARDEN GROVE DISTRICT NUMBER, if applicable. 1 NON-PARTISAN PARTY:

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: CITY OF GARDEN GROVE (Name of Multi-County Jurisdiction) 2018 (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.)

 Primary/general election (Year of Election) Special/runoff election (Year of Election)

(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 8/8/18 (month, day, year) Signature George S. Brietigam III (Candidate)