Candidate Intention Stat	tement		DE Gate Stamp	CALIFORNIA 501
Check One: 🔀 Initial	Amendment (Explain)		JUL 0·5 2	For Official Use Only
1. Candidate Information:			1,	
NAME OF CANDIDATE (Last, First, Middle Initia	DAYTIME TELE	EPHONE NUMBER FAX NU	JMBER (optional)	E-MAIL (optional)
BRUINS, JEANNIE A				
STREET ADDRESS	CITY		STATE	ZIP CODE
	CITRUS H		CA	95610
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME		DISTRICT NUMBER, if a	applicable. NON-PARTISAN
CITY COUNCIL OFFICE JURISDICTION	CITY OF CITRUS HEIGHTS	3		PARTY:
State (Complete Part 2.)				
	i-County: (Name of Multi-Count	v Jurisdiction)	2018 (Year of Elec	
(CalPERS and CalSTRS candidates, judges, or of Election) Primary/general (CalPERS and CalPERS and Cal	election (Year of Election) Special/runoficed (Year of Election)			
(Check one box)	diture ceiling for the election stated above.			
☐ I do not accept the voluntary Amendment:	expenditure ceiling for the election stated at	oove.		
O 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 cont	ributed personal funds in excess of the exper	iditure ceiling for the election	n stated above.	
3. Verification:				
I certify under penalty of perju	ury under the laws of the State of Californ	ia that the foregoing is true	e and correct.	
Executed on	, Oignature	(Candidate)	num	FPPC Form 501 (Jan/2

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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