

Candidate Intention Statement

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Check One: [X] Initial [ ] Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE Penny T. Lilburn DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) ( ) EMAIL (optional) [REDACTED] STREET ADDRESS [REDACTED] CITY Highland STATE CA ZIP CODE 92346 OFFICE SOUGHT (POSITION TITLE) City Council Member AGENCY NAME City of Highland DISTRICT NUMBER, if applicable. Third District PARTY PREFERENCE: Republican OFFICE JURISDICTION [X] City [ ] County [ ] Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) 2024 (Year of Election) [X] PRIMARY / GENERAL [ ] SPECIAL / RUNOFF

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)

[X] 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 information provided is true and correct.

Executed on 08/04/2023 (month, day, year)

Signature [REDACTED]