CITY OF HALF MOON BAY

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
AUG 7 2024	For Official Use Only
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Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial): Jimenez, Joaquin

DAYTIME TELEPHONE NUMBER: [redacted] FAX NUMBER (optional): ( ) EMAIL (optional): Jjimenez0973@gmail.com

STREET ADDRESS: [redacted] CITY: Half Moon Bay STATE: California ZIP CODE: 94019

OFFICE SOUGHT (POSITION TITLE): Council Member ✓

AGENCY NAME: Half Moon Bay

DISTRICT NUMBER, if applicable: 3

☐ NON-PARTISAN OFFICE

PARTY PREFERENCE:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: Half Moon Bay Dist 3 (Name of Multi-County Jurisdiction)

2024 (Year of Election)

(Check one box, if applicable.)

☒ 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)

☒ **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 8/7/2024 (month, day, year) Signature _____ (Candidate)