Candidate Intention Statement	RECEIVED CALIFORNIA 501
Check One: Amendment (Explain)	JUL 2 3 2024 For Official Use Only
	City Clerk's Office
1. Candidate Information:	City of Lagrana
NAME OF CANEDOATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) EMAIL (optional)
George Weiss	
STREETADDRESS	STATE ZIP CODE LOQUINA ROA L CA 926,5/
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME	DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE
City COUNCIL	PARTY PREFERENCE:
OFFICE JURISDICTION	(Check one box, if applicable.)
State (Complete Párt 2.)	202 4 RIMARY GENERAL
County Multi-County: (Name of Multi-County Jurisdiction)	(Year of Election) SPECIAL / RUNOFF
(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.) (Check one box) Check one box) Check one box) I do not accept the voluntary expenditure ceiling for the election stated above. Amendment: O I did not exceed the expenditure ceiling in the primary or special election held ceiling for the general or special run-off election.	on/ and I accept the voluntary expenditure
(Mark if applicable)	
On,/I contributed personal funds in excess of the expenditure ceil	ling for the election stated above.
3. Verification:	
I certify under penalty of perjury under the laws of the State of California that the foreg	going is true and correct.
Executed on (Candidate) (Candidate)	