

**Candidate Intention Statement**

|                               |                            |
|-------------------------------|----------------------------|
| Date Stamp<br><b>RECEIVED</b> | <b>CALIFORNIA FORM 501</b> |
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| 6671 26 MAR 23 12:53          |                            |

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

**1. Candidate Information:**

|                                                                                                                                                                                                                                          |                                 |                                                                                                                                                            |                                                         |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------|
| NAME OF CANDIDATE (Last, First Middle Initial)<br>Jimenez, Manuel                                                                                                                                                                        |                                 | DAYTIME TELEPHONE NUMBER<br>[REDACTED]                                                                                                                     | FAX NUMBER (optional)<br>( )                            | EMAIL (optional)<br>[REDACTED] |
| STREET ADDRESS<br>[REDACTED]                                                                                                                                                                                                             |                                 | CITY<br>Lakewood                                                                                                                                           | STATE<br>CA                                             | ZIP CODE<br>90712              |
| OFFICE SOUGHT (POSITION TITLE)<br>City Council Member                                                                                                                                                                                    | AGENCY NAME<br>City of Lakewood | DISTRICT NUMBER, if applicable.                                                                                                                            | <input checked="" type="checkbox"/> NON-PARTISAN OFFICE |                                |
| OFFICE JURISDICTION<br><input type="checkbox"/> State (Complete Part 2.)<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____<br>(Name of Multi-County Jurisdiction) |                                 | PARTY PREFERENCE:<br>(Check one box, if applicable.)<br><input checked="" type="checkbox"/> PRIMARY / GENERAL<br><input type="checkbox"/> SPECIAL / RUNOFF |                                                         |                                |
|                                                                                                                                                                                                                                          |                                 | 2026<br>(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.)*

*(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 03/21/2026  
*(month, day, year)*

Signature Manuel Jimenez (Mar 21, 2026 16:28:21 PDT)  
*(Candidate)*

# Candidate Intention Statement

|            |                            |
|------------|----------------------------|
| Date Stamp | <b>CALIFORNIA FORM 501</b> |
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Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

|                                                                                                                       |                                     |                                 |                                                         |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------|---------------------------------------------------------|
| NAME OF CANDIDATE (Last, First Middle Initial)                                                                        | DAYTIME TELEPHONE NUMBER            | FAX NUMBER (optional)           | EMAIL (optional)                                        |
| Jimenez, Manuel                                                                                                       | [REDACTED]                          | ( )                             | [REDACTED]                                              |
| STREET ADDRESS                                                                                                        | CITY                                | STATE                           | ZIP CODE                                                |
| [REDACTED]                                                                                                            | Lakewood                            | CA                              | 90712                                                   |
| OFFICE SOUGHT (POSITION TITLE)                                                                                        | AGENCY NAME                         | DISTRICT NUMBER, if applicable. | <input checked="" type="checkbox"/> NON-PARTISAN OFFICE |
| City Council Member                                                                                                   | City of Lakewood                    |                                 | PARTY PREFERENCE:                                       |
| OFFICE JURISDICTION                                                                                                   |                                     |                                 | (Check one box, if applicable.)                         |
| <input type="checkbox"/> State (Complete Part 2.)                                                                     |                                     |                                 | <input checked="" type="checkbox"/> PRIMARY / GENERAL   |
| <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ | (Name of Multi-County Jurisdiction) | 2026<br>(Year of Election)      | <input type="checkbox"/> 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 03/21/2026  
(month, day, year)

Signature [REDACTED]  
Manuel Jimenez (Mar 21, 2026 16:28:21 PDT)  
(Candidate)







# FPPC501

Final Audit Report

2026-03-21

|                 |                                               |
|-----------------|-----------------------------------------------|
| Created:        | 2026-03-21                                    |
| By:             | Lysa Ray (lysaray.campaignservices@gmail.com) |
| Status:         | Signed                                        |
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-  Document created by Lysa Ray (lysaray.campaignservices@gmail.com)  
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-  Document emailed to manuel.jimenez@blacknightpatrol.com for signature  
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-  Email viewed by manuel.jimenez@blacknightpatrol.com  
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-  Signer manuel.jimenez@blacknightpatrol.com entered name at signing as Manuel Jimenez  
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-  Document e-signed by Manuel Jimenez (manuel.jimenez@blacknightpatrol.com)  
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-  Agreement completed.  
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