Hilton, Jamie  STREET ADDRESS  CITY  STATE  ZIP CO  Waterford  CA  9538  OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME  DISTRICT NUMBER, if applicable.	STATE ZIP CODE CA 95386  IMBER, if applicable. NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.) PRIMARY / GENERAL Year of Election) SPECIAL / RUNOFF  and I accept the voluntary expenditure ceil- tion stated above.	ndidate Intention Statement		Date Stamp	CALIFORNIA 501
AME OF CANDIDATE (Last First Middle Install)  DAYTIME TELEPHONE NUMBER (PRINCH NUMBER (optional))  EMAIL  FIREE ADDRESS  CITY  Waterford  CA  9538  FFICE SOUGHT (POSITION TITLE)  AGENCY NAME  Councilmember  City of Waterford  CA  9538  FFICE SUBISDICTION  State (Complete Part 2.)  City City County Multi-County: (Name of Multi-County Jurisdiction)  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 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 laccept ing 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.	STATE ZIP CODE CA 95386  IMBER, if applicable. NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.) PRIMARY / GENERAL Year of Election) SPECIAL / RUNOFF  and I accept the voluntary expenditure ceil- tion stated above.				
AME OF CANDIDATE (Last First Middle Install)  DAYTIME TELEPHONE NUMBER (PRINCH MIDDLE INSTALL PLANCE IN A CA   1   1   1   1   1   1   1   1   1	STATE ZIP CODE CA 95386  IMBER, if applicable. NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.) PRIMARY / GENERAL Year of Election) SPECIAL / RUNOFF  and I accept the voluntary expenditure ceil- tion stated above.	Candidate Information:			
ilton, Jamie  REET ADDRESS  CITY  Waterford  CA 9538  FIGE SOUGHT (POSITION TITLE)  AGENCY NAME  City of Waterford  CITY  DISTRICT NUMBER, if applicable.  AGENCY NAME  City of Waterford  CA 9538  AGENCY NAME  City of Waterford  CA 9538  City of Waterford  CA 9538  City of Waterford  CA 9538  CITY  Waterford  CA 9538  CITY  STATE ZIP CC  CA 9538  CA 9538	STATE ZIP CODE CA 95386  IMBER, if applicable. NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.) PRIMARY / GENERAL Year of Election) SPECIAL / RUNOFF  and I accept the voluntary expenditure ceil- tion stated above.		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Waterford CA 9538  FICE SOUGHT (POSITION TITLE) AGENCY NAME City of Waterford DISTRICT NUMBER. if applicable.  FICE JURISDICTION State (Complete Part 2.) City County Multi-County: (Name of Multi-County Jurisdiction)  State Candidate Expenditure Limit Statement:  alPERS 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.  Amendment: 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 ing for the general or special run-off election.  (Mark if applicable)  City of Waterford  CA 9538  PART  City of Waterford  Check one box (Year of Election)  PART  AGENCY NAME  City of Waterford  PART  AGENCY NAME  City of Water Number In the part  PART  AGENCY NAME  City of Water Number In the part  PART  AGENCY NAME  City of Water Number In the part  PART  AGENCY NAME  City of Water Number In the part  PART  AGENCY NAME  City of Water Number In the part  PART  AGENCY NAME  City of Water Number In the part  PART  AGENCY NAME  City of Water Number In the part  PART  AGENCY NAME  City of Water Number In the part  PART  AGENCY NAME  City of Water Number In the part  PART  AGENCY NAME  City of Water Number In the part  PART  AGENCY NAME  City of Water Offices on the part  PART  AGENCY NAME  City of Water Offices  PART  AGENCY NAME  City of Wa	CA 95386  MBER, if applicable. NON-PARTISAN OFFICE  PARTY PREFERENCE: (Check one box, if applicable.)  PRIMARY / GENERAL  (Year of Election) SPECIAL / RUNOFF  and I accept the voluntary expenditure ceil-  tion stated above.			( )	
DISTRICT NUMBER. if applicable.   PART	MBER, if applicable.  PARTY PREFERENCE:  (Check one box, if applicable.)  PRIMARY / GENERAL  (Year of Election)  SPECIAL / RUNOFF  and I accept the voluntary expenditure ceil-  tion stated above.		CITY	STATE	ZIP CODE
City of Waterford   PART	PARTY PREFERENCE: (Check one box, if applicable.)  PRIMARY / GENERAL SPECIAL / RUNOFF  and I accept the voluntary expenditure ceil- tion stated above.		Waterford	CA	95386
State (Complete Part 2.) State Candidate Expenditure Limit Statement:    Clip   County   Multi-County   (Name of Multi-County Jurisdiction)	(Check one box, if applicable.)  PRIMARY / GENERAL SPECIAL / RUNOFF  and I accept the voluntary expenditure ceil- tion stated above.	FICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	NON-PARTISAN OFFICE
State (Complete Part 2.) State Candidate Expenditure Limit Statement:    Check one box)   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 ing 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.	2024 PRIMARY / GENERAL SPECIAL / RUNOFF  and I accept the voluntary expenditure ceil- tion stated above.	uncilmember	City of Waterford	100	PARTY PREFERENCE:
State Candidate Expenditure Limit Statement:  IPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)  (Check one box)  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 ing 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.	and I accept the voluntary expenditure ceil-tion stated above.				
State Candidate Expenditure Limit Statement:    Interest and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)    Check one box	and I accept the voluntary expenditure ceil-tion stated above.	State (Complete Part 2.)		2024	PRIMARY / GENERAL
State Candidate Expenditure Limit Statement:    IPERS 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 ing 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.    Verification:	tion stated above.	City County Multi-County: -	(Name of Multi-County Jurisdiction)	(Year of Elec	tion) SPECIAL / RUNOFF
Amendment:  O I did not exceed the expenditure ceiling in the primary or special election held on and I accept ing 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.  Verification:	tion stated above.	☐ I accept the voluntary expenditure ceili			
ing 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.  Verification:	tion stated above.		re ceiling for the election stated above.		
On I contributed personal funds in excess of the expenditure ceiling for the election stated above.  Verification:				n and I a	ccept the voluntary expenditure ceil-
Verification:		(Mark if applicable)			
	correct.	On I contributed pe	rsonal funds in excess of the expenditure ceiling	ng for the election stated abo	ove.
Leastify under panelty of pariury under the laws of the State of California that the foregoing is true and correct	correct.	. Verification:	•		
		Logitify under negative of perium under the	laws of the State of California that the foregoi	ing is true and correct.	
		r certify under penalty of perjury under the		The state did dollars.	
Executed on 01/24/2024 Signature		01/24/2024 Executed on	Signature / arms / OV		

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

www.fppc.ca.gov