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CITY OF LAGUNA NIGUEL

Candidate Intention Statement

Type or Print in Ink.

Check One: Initial Amendment (Explain) _____

CANDIDATE INTENTION STATEMENT

CALIFORNIA
FORM

501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Gennawey, Elaine A.

STREET ADDRESS

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E-MAIL (optional)

()

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN

CITY COUNCIL

Laguna Niguel

PARTY:

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County: _____

(Name of Multi-County Jurisdiction)

2014

(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.)

(Year of Election) **Primary/general election**

(Year of Election) **Special/runoff election**

(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

12-20-13

(month, day, year)

Signature

Elaine Gennawey

(Candidate)

FPPC Form 501 (April/2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)