

Candidate Intention Statement

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CALIFORNIA
FORM

501

For Official Use Only

Check One: Initial Amendment (Explain) _____

2018 MAR -9 PM 3:03

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Gennawey, Elaine A.

STREET ADDRESS

DAYTIME TELEPHONE NUMBER

CITY OF LAGUNA NIGUEL

E-MAIL (optional)

CITY

STATE

ZIP CODE

Laguna Niguel

CA 92677

OFFICE SOUGHT (POSITION / TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN

Councilmember

City of Laguna Niguel

PARTY:

OFFICE JURISDICTION

State (Complete Part 2.)

2018

City

County

Multi-County: _____

(Name of Multi-County Jurisdiction)

(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.)

Primary/general election
(Year of Election)

Special/runoff election
(Year of 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 March 9, 2018
(month, day, year)

Signature

Elaine Gennawey
(Candidate)