

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA
FORM

501

For Official Use Only

Check One: Initial Amendment (Explain) _____

<i>RECEIVED CITY CLERK</i>	Date Stamp 2018 JUL 17 PM 1:35
For Official Use Only	

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Rains, Sandy

STREET ADDRESS

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

() _____

E-MAIL (optional)

CITY OF LAGUNA NIGUEL

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

City Council Member

City of Laguna Niguel

CITY

STATE

ZIP CODE

CA

92677

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County:

(Name of Multi County Jurisdiction)

2018
(Year of Election)

NON-PARTISAN

PARTY:

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)

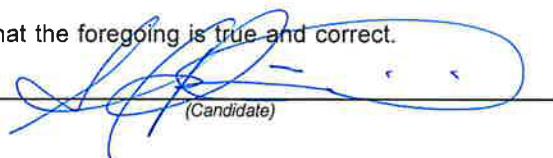
On _____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

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 July 16, 2018
(month, day, year)

Signature



(Candidate)