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### Candidate Intention Statement

Date Stamp	<b>CALIFORNIA FORM 501</b> For Official Use Only
2018 AUG 28 AM 9:51	

Check One:  Initial  Amendment (Explain) Corrections on original

#### 1. Candidate Information:

CITY OF LAGUNA HIGUEL

NAME OF CANDIDATE (Last, First, Middle Initial) Townes, Deborah L DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED] E-MAIL (optional) [REDACTED]

STREET ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

OFFICE SOUGHT (POSITION TITLE) City Council Member AGENCY NAME [REDACTED] DISTRICT NUMBER, if applicable. [REDACTED]  NON-PARTISAN PARTY:

OFFICE JURISDICTION

State (Complete Part 2.)

City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction)

2018 (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.)

2018 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 8-15-2018 8-27-18 Signature [Signature]  
(month, day, year) (Candidate)