

# Candidate Intention Statement

Date Stamp  
CITY CLERK  
2020 MAR 13 AM 10:50

CALIFORNIA FORM 501

For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Sharma, Risch Paul

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

City of Laguna Niguel

EMAIL (optional)

sharma@lnstrong.com

STREET ADDRESS

CITY

STATE

ZIP CODE

Laguna Niguel

CA 92677

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

City Council Member

City of Laguna Niguel

PARTY PREFERENCE:

OFFICE JURISDICTION

(Check one box, if applicable.)

State (Complete Part 2.)

PRIMARY / GENERAL

City

County

Multi-County: \_\_\_\_\_

(Name of Multi-County Jurisdiction)

2020

(Year of Election)

SPECIAL / RUNOFF

## 2. 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 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

3.9.20

(month, day, year)

Signature

(Candidate)

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## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Sharma, Risch Paul

DAYTIME TELEPHONE NUMBER

( 949 ) 433-6349

FAX NUMBER (optional)

( )

EMAIL (optional)

sharma@lnstrong.com

STREET ADDRESS

25482 Rue Terrase

CITY

Laguna Niguel

STATE

CA

ZIP CODE

92677

OFFICE SOUGHT (POSITION TITLE)

City Council Member

AGENCY NAME

City of Laguna Niguel

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

OFFICE JURISDICTION

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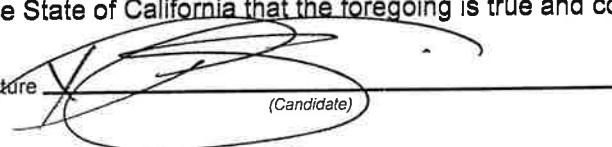
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(month, day, year)

Signature



(Candidate)