

Candidate Intention Statement

Date Stamp CITY CLERK	CALIFORNIA FORM 501
7/20 JUL 21 PM 1:29	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Stephanie Oddo	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ()	E-MAIL (optional) CITY OF LAGUNA NIGUEL
STREET ADDRESS [REDACTED]	CITY Laguna Niguel	STATE CA	ZIP CODE 92677
OFFICE SOUGHT (POSITION TITLE) City Council Member	AGENCY NAME Laguna Niguel	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)			2020 (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 7/9/2020
(month, day, year)

Signature Stephanie Oddo
(Candidate)