

Candidate Intention Statement

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For Official Use Only	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) **FAIR, MICHAEL H.** DAYTIME TELEPHONE NUMBER [REDACTED] CITY OF LAGUNA NIGUEL FAX NUMBER (optional) **N/A** EMAIL (optional)

STREET ADDRESS [REDACTED] **Laguna Niguel** STATE **CA.** ZIP CODE **92677**

OFFICE SOUGHT (POSITION TITLE) **City Council Member of Laguna Niguel** AGENCY NAME **Laguna Niguel** DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction)

PARTY PREFERENCE: **REPUBLICAN** (Check one box, if applicable.) PRIMARY / GENERAL SPECIAL / RUNOFF

Year of Election: **2020**

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 8/1/2020
(month, day, year)

Signature Michael H. Fair
(Candidate)