

Candidate Intention Statement

Date Stamp

CALIFORNIA
FORM

501

For Official Use Only

Check One: Initial

Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Jennings, Kelly Ann Winsor

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

Laguna Niguel

CA 92677

OFFICE SOUGHT (POSITION TITLE)

City Council Member

AGENCY NAME

City of Laguna Niguel

DISTRICT NUMBER, if applicable

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

City

County

Multi-County: _____

(Name of Multi-County Jurisdiction)

(Check one box, if applicable.)

PRIMARY / GENERAL

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 June 11 2020
(month, day, year)

Signature

Kelly Jennings
(Candidate)

FPPC Form 501 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov