

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
2021 SEP 22 PM 1:15	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Gennawey, Raymond M.	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) CITY OF LAGUNA NIGUEL	EMAIL (optional)
STREET ADDRESS [REDACTED]	CITY Laguna Niguel	STATE CA	ZIP CODE 92677
OFFICE SOUGHT (POSITION TITLE) Laguna Niguel City Council	AGENCY NAME City of Laguna Niguel	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION	(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)	2022	<input checked="" type="checkbox"/> PRIMARY / GENERAL	
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)	(Year of Election)	<input type="checkbox"/> 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 09 20 2021
(month, day, year)

Signature 
(Candidate)