

Candidate Intention Statement

Date Stamp

CALIFORNIA
FORM

501

For Official Use Only

Check One: Initial Amendment (Explain) _____

2021 SEP 22 PM 1:15

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Gennawey, Raymond M.

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)
CITY OF LAGUNA NIGUEL
()

EMAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

Laguna Niguel

CA 92677

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

 NON-PARTISAN OFFICE

Laguna Niguel City Council

City of Laguna Niguel

PARTY PREFERENCE:

(Check one box, if applicable.)

OFFICE JURISDICTION

 State (Complete Part 2.)

2022

 PRIMARY / GENERAL City County Multi-County: _____

(Name of Multi-County Jurisdiction)

(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)

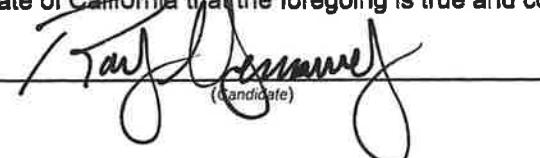
 On, ____/____/____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

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 09 20 2021
(month, day, year)

Signature


(Candidate)