

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
2021 JUN 29 PM 2:54	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Oddo, Stephanie	[REDACTED]	[REDACTED]	mysanders@politicalreportingplus.com
STREET ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
City Council Member	City of Laguna Niguel		PARTY PREFERENCE:
OFFICE JURISDICTION	(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)	<input checked="" type="checkbox"/> PRIMARY / GENERAL		
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	2022 (Year of Election) <input type="checkbox"/> SPECIAL / RUNOFF		
	(Name of Multi-County Jurisdiction)		

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 06/24/2021
(month, day, year)

Signature Stephanie Oddo
(Candidate)

COPY

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STREET ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

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

OFFICE JURISDICTION (Check one box, if applicable.)

State (Complete Part 2.) PRIMARY / GENERAL

City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2022 (Year of Election) SPECIAL / RUNOFF

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Signature [Handwritten Signature]
(Candidate)