

Candidate Intention Statement

Date Stamp

CALIFORNIA
FORM**501**

For Official Use Only

Check One: Initial Amendment (Explain) _____

2021-JUL-29 PM 2:54

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Oddo, Stephanie

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

[REDACTED]

mymanders@politicalreportingplus.com

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

 NON-PARTISAN OFFICE

City Council Member

City of Laguna Niguel

PARTY PREFERENCE:

(Check one box, if applicable.)

OFFICE JURISDICTION

 State (Complete Part 2.) PRIMARY / GENERAL City County Multi-County:

(Name of Multi-County Jurisdiction)

2022
(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:

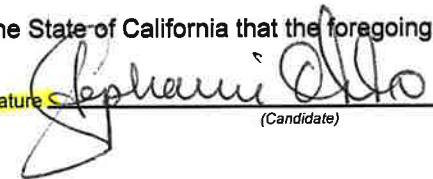
 I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(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 06/24/2021
(month, day, year)Signature: 
(Candidate)FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

COPY**Candidate Intention Statement**

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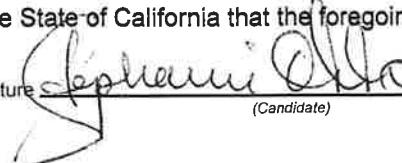
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