

Candidate Intention Statement

Date Stamp

CALIFORNIA
FORM

501

For Official Use Only

Check One: Initial Amendment (Explain) _____

2021 NOV -5 AM 9:24

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Winstead, Stephanie D

DAYTIME TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

 NON-PARTISAN OFFICE

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 11 03 2021
(month, day, year)

Signature


(Candidate)