

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp	CALIFORNIA FORM 501
RECEIVED	For Official Use Only
JAN 08 2024	
City of Laguna Niguel	

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Johns II, Foster E

STREET ADDRESS

[REDACTED]

DAYTIME TELEPHONE NUMBER

[REDACTED]

FAX NUMBER (optional)

()

EMAIL (optional)

[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.

NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

OFFICE JURISDICTION

State (Complete Part 2.)

2024

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 01 08 2024
(month, day, year)

Signature _____
(Caption)