

Candidate Intention Statement

Check One: ☐ Initial ☒ Amendment (Explain) \_\_\_\_\_ District 5 added \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)  
Johns II, Foster E. \_\_\_\_\_ ( ) \_\_\_\_\_

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 5

OFFICE JURISDICTION  
☐ State (Complete Part 2.) ☒ City ☐ County ☐ Multi-County: \_\_\_\_\_  
(Name of Multi-County Jurisdiction) 2024 ☒ PRIMARY / GENERAL ☐ SPECIAL / RUNOFF  
(Check one box, if applicable.)

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 \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_  
(month, day, year) (Candidate)

Date Stamp  
**RECEIVED**  
JAN 31 2024  
City of Laguna Niguel

CALIFORNIA  
FORM  
501  
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