

# Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment  
(Explain)

Date Stamp

CALIFORNIA  
FORM

501

For Official Use Only  
2024 AUG -8 PM 3: 07

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Jennings, Kelly AW

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

CITY OF LAGUNA NIGUEL

STREET ADDRESS

CITY

STATE

ZIP CODE

Laguna Niguel

CA

92677

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN OFFICE

City Council Member

City of Laguna Niguel

1

PARTY PREFERENCE:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

(Check one box, if applicable.)

☒ City ☐ County ☐ Multi-County:

(Name of Multi-County Jurisdiction)

2024

☒ PRIMARY / GENERAL

(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 July 30, 2024  
(month, day, year)

Signature Kelly Jennings  
(Candidate)

Digitally signed by Kelly Jennings  
Date: 2024.07.30 17:45:40 -07'00'