

## Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
For Official Use Only 2024 AUG -8 PM 3:07	

Check One:  Initial  Amendment  
(Explain) \_\_\_\_\_

### 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Jennings, Kelly AW

STREET ADDRESS

OFFICE SOUGHT (POSITION TITLE)

City Council Member

OFFICE JURISDICTION

State (Complete Part 2.)

City  County  Multi-County:

AGENCY NAME

City of Laguna Niguel

DAYTIME TELEPHONE NUMBER

CITY

Laguna Niguel

FAX NUMBER (optional)

( )

STATE

ZIP CODE

EMAIL (optional)

CITY OF LAGUNA NIGUEL

CA 92677

DISTRICT NUMBER, if applicable.

1

NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

PRIMARY / GENERAL

SPECIAL / RUNOFF

(Name of Multi-County Jurisdiction)

2024

(Year of Election)

### 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

Digitally signed by Kelly Jennings  
Date: 2024.07.30 17:45:40 -0700'

(Candidate)