

Candidate Intention Statement

City of San Clemente

CALIFORNIA FORM 501

AUG 10 2018

For Official Use Only

City Clerk Department

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Ferguson, Laura
DAYTIME TELEPHONE NUMBER [REDACTED]
FAX NUMBER (optional) ( )
E-MAIL (optional) [REDACTED]
STREET ADDRESS [REDACTED]
CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]
OFFICE SOUGHT (POSITION TITLE) City Council
AGENCY NAME City of San Clemente
DISTRICT NUMBER, if applicable.
NON-PARTISAN
OFFICE JURISDICTION
State (Complete Part 2.)
City County Multi-County: (Name of Multi-County Jurisdiction) (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.)

2018 Primary/general election Special/runoff election
(Year of Election) (Year of Election)

(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 8-10-18 Signature [REDACTED]
(month, day, year) (Candidate)