

Candidate Intention Statement

Date Stamp RECEIVED JUN 27 2022	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) **ORGILL, MARK S.** DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () EMAIL (optional) [REDACTED]

STREET ADDRESS [REDACTED] CITY **LAGUNA BEACH** STATE **CA** ZIP CODE **92651**

OFFICE SOUGHT (POSITION TITLE) **CITY COUNCIL** AGENCY NAME **CITY OF LAGUNA BEACH** DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction)

PARTY PREFERENCE: **NONE** (Check one box, if applicable.)
 PRIMARY / GENERAL
 SPECIAL / RUNOFF

(Year of Election) **2022**

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 6.27.22 Signature [REDACTED]
(month, day, year) (Candidate)