Candidate Intention Statement	RECEIVED FORM 501
Check One: Initial Amendment (Explain)	AUG 1 7 2022
1. Candidate Information:	City Clerk's Office
Rounaghi, Alexander J	E TELEPHONE NUMBER (optional) EMAIL (optional) () STATE ZIP CODE
STREET ADDRESS CITY Laguna Beach	CA 92651
OFFICE SOUGHT (POSITION TITLE) City Council Member City of Laguna Beach	DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE PARTY PREFERENCE:
OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: (Name of M	(Check one box, if applicable.) 2022 PRIMARY / GENERAL Aulti-County Jurisdiction) SPECIAL / RUNOFF
(Check one box) I accept the voluntary expenditure ceiling for the election state I do not accept the voluntary expenditure ceiling for the election Amendment: O I did not exceed the expenditure ceiling in the primary or ceiling for the general or special run-off election.	
(Mark if applicable) On,I contributed personal funds in excess of	of the expenditure ceiling for the election stated above.
3. Verification:	
I certify under penalty of perjury under the laws of the State of G	alliornia that the foregoing is true and correct.
Executed on August 17, 2022 Signature	(Candidate) FPPC Form 501 (August/20

FPPC Form 501 (August/2018) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov