Candidate Intention Statement	REDIENTED	CALIFORNIA 501
Check One: ☑Ínitial ☐ Amendment (Explain)	JUL 2 5 2024 City Clerk's Office	For Official Use Only
	City of Laguna Beach, (	CA
1. Candidate Information:		
NAME OF CANDIDATE (Last, First Middle Initial)  DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) EMA	IL (optional)
STREET ADDRESS CITY	STATE ZIP C	ODE ( )
Laguna Beach	CA 92	2651
office sought (Position Title)  City Council  City of Laguna Beach	DISTRICT NUMBER, if applicable.	ON-PARTISAN OFFICE TY PREFERENCE:
OFFICE JURISDICTION		(Check one box, if applicable.)
State (Complete Part 2.)	2024	PRIMARY / GENERAL
City County Multi-County: (Name of Multi-County Jurisdiction)	(Year of Election)	SPECIAL / RUNOFF
<ul> <li>☐ I accept the voluntary expenditure ceiling for the election stated above.</li> <li>☐ I do not accept the voluntary expenditure ceiling for the election stated above.</li> <li>Amendment:</li> </ul>		
I did not exceed the expenditure ceiling in the primary or special election held on ceiling for the general or special run-off election.	// and I acc	ept the voluntary expenditure
(Mark if applicable)		
☐ On,/I contributed personal funds in excess of the expenditure ceiling	for the election stated above	9.
3. Verification:		
I certify under penalty of perjury under the laws of the State of California that the foregoin	g is true and correct.	
Executed on		FPPC Form 501 (August/2