

Candidate Intention Statement

Date Stamp

CALIFORNIA
FORM

501

For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

CITY OF DANA POINT

2016 AUG 10 P 2:20

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Debra Lewis

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E-MAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN

City Council Member

City of Dana Point

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)☒ City ☐ County ☐ Multi-County: _____
(Name of Multi-County Jurisdiction)2016
(Year of Election)

2. State Candidate Expenditure Limit Statement:

N/A

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Year of Election) **Primary/general election**_____
(Year of Election) **Special/runoff 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 8/10/16
(month, day, year)Signature [Signature]
(Candidate)