

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

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CALIFORNIA FORM 501

For Official Use Only

2014 FEB 21 AM 10:21

Check One: [X] Initial [] Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) MINAGAR, FRED
DAYTIME TELEPHONE NUMBER (949) 338-8964
FAX NUMBER (949) 495-4255
CITY OF LAGUNA HIGUEL
STREET ADDRESS [Redacted]
CITY STATE ZIP CODE CA 92677
DISTRICT NUMBER, if applicable. [] NON-PARTISAN PARTY:

[] State (Complete Part 2.)
[X] 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.)

_____/_____/_____ 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 Jan. 2, 2014
(month, day, year)

Signature [Handwritten Signature]
(Candidate)