

Candidate Intention Statement

RECEIVED Date Stamp
JAN 19 2024
City Clerk's Office
City of Laguna Beach, CA
CALIFORNIA FORM 501
For Official Use Only

Check One: [X] Initial [ ] Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Hallie Jones
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 Member
AGENCY NAME City of Laguna Beach
DISTRICT NUMBER, if applicable.
NON-PARTISAN OFFICE [X]
PARTY PREFERENCE: [Redacted]
OFFICE JURISDICTION
[ ] State (Complete Part 2.)
[X] City [ ] County [ ] Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction)
2024 (Year of Election)
[ ] PRIMARY / GENERAL
[ ] SPECIAL / RUNOFF

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 01 19 2024 (month, day, year)

Signature [Redacted] (Candidate)