		The second second	CANDIDATE INTENT	TION STATEMENT
Candidate Intention Statement	Type or Print in Ink.	IKE CEDAVS	CALIFORNIA	501
Check One: Initial Amendmen			FORM For Official L	Jse Only
1. Candidate Information:) l	AN OUT	ricon	
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)	
Sandra L. Genis	(714) 754-0814	()	5/genis @	aol.con
STREET ADDRESS 1586 MYN+Lewood	Costa Mesa	STATE	ZIP CODE 92 62 6	
OFFICE SOUGHT (POSITION TITLE) AGE	ENCY NAME	DISTRICT NUMBER,	, if applicable. NON-PARTISAN	
City Cocencil Member	Costa Wiesa		PARTY:	
OFFICE JURISDICTION		•	3	
State (Complete Part 2.) City County Multi-County:	(Name of Jurisdiction)	(Year of	Election)	
2. State Candidate Expenditure Limit (CalPERS candidates, judges, judicial candidates, and candidates for the control of the c				
(Check one box)				
☐ I accept the voluntary expenditure ceiling for	the election stated above.			
☐ I do not accept the voluntary expenditure ceil	ing for the election stated above.			
Amendment: O I did not exceed the expenditure ceiling the general or special run-off election.	in the primary or special election held on:	and I accep	ot the voluntary expenditure ce	iling for
_	445			
(Mark if applicable)				
On/, I contributed personal f	funds in excess of the expenditure ceiling for the	election stated above.		
3. Verification:				
	of the State of California that the foregoing is true	e and correct		
Executed on Study 2013	Signature (Candida	0/1		m 504 (lon/02)

FPPC Form 501 (Jan/03) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772