

Candidate Intention Statement

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CALIFORNIA
FORM 501

For Official Use Only

Check One:

Initial

Amendment (Explain) _____

18 JUL 20 PM 2: 28

CITY OF COSTA MESA
BY [REDACTED]

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Genis Sandra L.

DAYTIME TELEPHONE NUMBER

(714) 754-0814

FAX NUMBER (optional)

E-MAIL (optional)

sigenis@aol.com

STREET ADDRESS

1586 Myrtlewood St.

CITY

Costa Mesa

STATE

Ca

ZIP CODE

92626

OFFICE SOUGHT (POSITION TITLE)

Mayor

AGENCY NAME

City of Costa Mesa

DISTRICT NUMBER, if applicable.

NON-PARTISAN

PARTY:

OFFICE JURISDICTION

State (Complete Part 2.)

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

2018
(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.)

(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 July 20, 2018
(month, day, year)

Signature _____
(Candidate)

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov