

Candidate Intention Statement

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CITY OF COSTA MESA
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CALIFORNIA FORM **501**
For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Sandra L. Genis DAYTIME TELEPHONE NUMBER (714) 754-0803 FAX NUMBER (optional) _____ EMAIL (optional) _____

STREET ADDRESS 1586 Myrtlewood, Costa Mesa CITY Costa Mesa STATE Ca. ZIP CODE 92626

OFFICE SOUGHT (POSITION TITLE) Mayor AGENCY NAME City of Costa Mesa DISTRICT NUMBER, if applicable. NA NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)
 State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) PARTY PREFERENCE: PRIMARY / GENERAL SPECIAL / RUNOFF

(Year of Election) 2020

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 7 August 2020
(month, day, year)

Signature [Redacted]
(Candidate)