

CITY OF DANA POINT

2014 JUN 26 P 3:18

RECEIVED  
CITY CLERK'S DEPARTMENT

**Candidate Intention Statement**

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp

CALIFORNIA  
FORM **501**

For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First, Middle Initial) Jenkins, Nancy J DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) ( ) NA E-MAIL (optional) njenkins@cox.net

STREET ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

OFFICE SOUGHT (POSITION TITLE) City Council Member, City of Dana Point AGENCY NAME City of Dana Point DISTRICT NUMBER, if applicable. [REDACTED]  NON-PARTISAN PARTY:

OFFICE JURISDICTION  
 State (Complete Part 2.)  
 City  County  Multi-County: City of Dana Point (Name of Multi-County Jurisdiction) 2014 (Year of Election)

**2. State Candidate Expenditure Limit Statement:**

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

\_\_\_\_ Primary/general election (Year of Election)      \_\_\_\_\_ Special/runoff 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 June 26, 2014  
(month, day, year)

Signature Nancy J. Jenkins  
(Candidate)

FPPC Form 501 (January/95)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)