Candidate Intention Statement

Check One: [ ] Initial  [ ] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)  JOHNSON Natasha D.
DAYTIME TELEPHONE NUMBER  (951) 218-1459
STREET ADDRESS  15360 Regatta Way
CITY CITY OF LAKE ELsinore
STATE CA  ZIP CODE 92530
OFFICE SOUGHT (POSITION TITLE)  City Council Member
AGENCY NAME  City of Lake Elsinore
OFFICE JURISDICTION  [ ] State (Complete Part 2.) [ ] City  [ ] County  [ ] Multi-County: City of Lake Elsinore  2016

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

[ ] Primary/general election  [ ] Special/runoff election

(Years 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.

[ ] 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 03/15/14 (month, day, year)

Signature [signature]
(Candidate)

FPPC Form 501 (Jan/2016)
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