

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

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 2016 AUG 15 AM 9:30

CALIFORNIA FORM 501
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1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Klopfenstein, Stephanie, L DAYTIME TELEPHONE NUMBER (714) ~~714~~ 510-0341 FAX NUMBER (optional) _____ E-MAIL (optional) S1klopfenstein@gmail.com

STREET ADDRESS 12511 Pine St. CITY Garden Grove STATE CA ZIP CODE 92840

OFFICE SOUGHT (POSITION TITLE) Council Member District 5 DISTRICT NUMBER, if applicable. 5 NON-PARTISAN

OFFICE JURISDICTION City of Garden Grove PARTY: Republican

State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction)

2014
(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) 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 8-11-16 Signature Stephanie Klopfenstein
 (month, day, year) (Candidate)