

Candidate Intention Statement

Date Stamp RECEIVED JUL 25 2024 City of Rolling Hills Estates	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Stegura, Debby		(310) 373-7527	()	
STREET ADDRESS		CITY	STATE	ZIP CODE
4706 Sugarhill Dr		Rolling Hills Estates	CA	90274
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.		<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
Councilmember	City of Rolling Hills Estates			PARTY PREFERENCE:
OFFICE JURISDICTION				(Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.)				<input checked="" type="checkbox"/> PRIMARY / GENERAL
<input checked="" type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> Multi-County: _____	2024	<input type="checkbox"/> SPECIAL / RUNOFF
			(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.)

(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 7-25-24 Signature Debby Stegura

(month, day, year) (Candidate)