

Candidate Intention Statement

Date Stamp RECEIVED CITY CLERK 19 MAR 13 PM 4:00	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) MELONE, AL	DAYTIME TELEPHONE NUMBER 714 751-4580	FAX NUMBER (optional)	EMAIL (optional)
STREET ADDRESS P.O. Box 4296	CITY Costa Mesa	STATE CA	ZIP CODE 92628
OFFICE SOUGHT (POSITION TITLE) Mayor	AGENCY NAME CITY	DISTRICT NUMBER, if applicable	<input type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: COSTA MESA (Name of Multi-County Jurisdiction)		PARTY PREFERENCE: (Check one box, if applicable.) <input type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF	
		2020 (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 3-13-19
(month, day, year)

Signature _____
(Candidate)

FFPC Form 501 (August/2018)
FFPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov