

Candidate Intention Statement

Date Stamp RECEIVED CITY CLERK	CALIFORNIA FORM 501
20 FEB 28 AM 11:38	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Quentin D. Pullen		DAYTIME TELEPHONE NUMBER (714) 401-0988	FAX NUMBER (optional) ()	EMAIL (optional)
STREET ADDRESS 2330 Vanguard Way d201		CITY Costa Mesa	STATE CA	ZIP CODE 92626
OFFICE SOUGHT (POSITION TITLE) Mayor	AGENCY NAME n/a	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
OFFICE JURISDICTION		PARTY PREFERENCE:		
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ <small>(Name of Multi-County Jurisdiction)</small>		<small>(Check one box, if applicable.)</small> <input type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF		
		<small>(Year of Election)</small>		

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 2/28/20
(month, day, year)

Signature: 
(Candidate)