

Candidate Intention Statement

Date Stamp CITY OF COSTA MESA 20 JUN 23 CITY OF COSTA MESA BY: [REDACTED]	CALIFORNIA FORM 501 For Official Use Only PH 3: 50
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Wasfy, Walid W.	DAYTIME TELEPHONE NUMBER (949) 300-4181	FAX NUMBER (optional) ()	EMAIL (optional) walid@wasfycm.com
STREET ADDRESS 135 Rochester Street, Apt. D1	CITY Costa Mesa	STATE CA	ZIP CODE 92627
OFFICE SOUGHT (POSITION TITLE) City Council Member	AGENCY NAME City of Costa Mesa	DISTRICT NUMBER, if applicable. 6	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.)
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		2020 (Year of Election)	<input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF

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 6 23 2020
(month, day, year)

Signature [REDACTED]
(Candidate)