

Candidate Intention Statement

Date Stamp RECEIVED CITY CLERK 20 AUG -5 PM 4:01	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) GARY PARKIN DAYTIME TELEPHONE NUMBER 714 595 2612 FAX NUMBER (optional) _____ EMAIL (optional) _____

STREET ADDRESS 1200 DORSET LN COSTA MESA CA 92626 CITY COSTA MESA STATE CA ZIP CODE 92626

OFFICE SOUGHT (POSITION TITLE) Council Member AGENCY NAME COSTA MESA DISTRICT NUMBER, if applicable #2 NON-PARTISAN OFFICE

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) PARTY PREFERENCE: (Check one box, if applicable.) PRIMARY / GENERAL SPECIAL / RUNOFF

(Year of Election) 2020

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 1/1 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 8/5/2020 (month, day, year) Signature [Redacted] (Candidate)