

**Officeholder and Candidate
Campaign Statement –
Short Form**

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CITY OF COSTA MESA BY	

Date of election if applicable: (Month, Day, Year) <u>11-3-20</u>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
AL MELONE

STREET ADDRESS
2973 HARBOR BLVD. #200

CITY COSTA MESA STATE CA ZIP CODE 92626

AREA CODE/DAYTIME PHONE NUMBER _____ OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD
MAYOR

JURISDICTION (LOCATION) <u>COSTA MESA</u>	DISTRICT NUMBER (IF APPLICABLE)
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4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
None		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-2-20
DATE

By
SIGNATURE OF OFFICEHOLDER OR CANDIDATE