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CITY OF COSTA MESA
BY _____

Candidate Intention Statement

Type or Print In Ink.

CANDIDATE INTENTION STATEMENT

Check One: Initial Amendment (Explain) _____

Date Stamp

CALIFORNIA
FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) MELONE, AL DAYTIME TELEPHONE NUMBER _____ FAX NUMBER (optional) _____ E-MAIL (optional) _____

STREET ADDRESS _____ CITY _____ STATE CA ZIP CODE _____

OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL AGENCY NAME _____ DISTRICT NUMBER, if applicable, _____ NON-PARTISAN

OFFICE JURISDICTION
 State (Complete Part 2)
 City County Multi-County: COSTA MESA (Name of Jurisdiction) 2012 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

_____/_____/_____ Primary/general election _____/_____/_____ Special/runoff election
(Year of Election) (Year of Election)

(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 8-25-12
(month, day, year)

Signature _____

FPPC Form 501 (Jan/03)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772