

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: Initial Amendment (Explain) _____

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CALIFORNIA FORM 501
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1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional)
 Foley, Katrina (949) 502-8800 (949) 502-8801 campaign@katrinafoley.com
 STREET ADDRESS CITY STATE ZIP CODE
 1600 Dove Street, Suite 101 Newport Beach CA 92660
 OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. NON-PARTISAN
 City Council Member Costa Mesa City Council
 OFFICE JURISDICTION PARTY:
 State (Complete Part 2.)
 City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2014 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

2014 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 2-4-14 Signature [Redacted]
 (month, day, year) (Candidate)