

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

RECEIVED CITY CLERK

14 AUG -6 PM 3:27

Check One:  Initial

Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Simpson, Rita L.

DAYTIME TELEPHONE NUMBER

(714) 557-9305

CITY OF COSTA MESA FAX NUMBER (optional)

188

E-MAIL (optional)

rita.louise@stagsball.net

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

AGENCY NAME

Costa Mesa city Council Member/City Council

DISTRICT NUMBER, if applicable.

NON-PARTISAN

OFFICE JURISDICTION

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.)

\_\_\_\_ Primary/general election (Year of Election)

\_\_\_\_ Special/runoff 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 8-6-14 (month, day, year)

Signature Rita Louise Simpson (Candidate)