Candidate Intention Statement	Type or Print in Ink.	CALIFORNIA 501
Check One:		- I7 JAN 31 AM II: 02
1. Candidate Information:		BY BOWNESA
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) E-MAIL (optional)
Ramos, Lee	(949) 439-9200	() lee4costamesa@gmail.com
STREET ADDRESS	CITY	STATE ZIP CODE
2001 Aliso Ave	Costa Mesa	CA 92627
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME		DISTRICT NUMBER, if applicable. NON-PARTISAN
City Council Member		PARTY:
OFFICE JURISDICTION State (Complete Part 2.)		
☐ City ☐ County ☐ Multi-County:	(Name of Multi County Jurisdiction)	2018 (Year of Election)
(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.) ———————————————————————————————————		
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		

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