

Candidate Intention Statement

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CALIFORNIA FORM	501
For Official Use Only	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>MANSOUR, ALWAN R.</u>		DAYTIME TELEPHONE NUMBER () ()	CITY OF COSTA MESA BY FAX NUMBER (optional) E-MAIL (optional)	
STREET ADDRESS <u>2973 HARBOR BLVD #571 COSTA MESA, CA 92626</u>		CITY	STATE	ZIP CODE
OFFICE SOUGHT (POSITION TITLE) <u>CITY OF COSTA MESA</u>	AGENCY NAME <u>CITY OF COSTA MESA</u>	DISTRICT NUMBER, if applicable. <u>5</u>	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:	
OFFICE JURISDICTION				
<input type="checkbox"/> State (Complete Part 2.)				
<input checked="" type="checkbox"/> City		<input type="checkbox"/> County	<input type="checkbox"/> Multi-County:	(Name of Multi-County Jurisdiction)
				<u>2018</u> (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.)

(Year of Election) **Primary/general election** _____
(Year of Election) **Special/runoff 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 7-24-18
(month, day, year)

Signature _____
(Candidate)

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov