Candidate Intention Statement	Type or Print in Ink.	CITY CLEI	CALIFORNIA 501 FORM For Official Use Only
Check One:		17 JUN -9 AM	9: 23
1. Candidate Information:		RY SO	TI DA
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER FAX N	To consension of the second and the	- Constitution of the Cons
		JUMBER (optional) E-MAIL	(optional)
STREET ADDRESS	(949) 370-5164 (CITY	STATE ZIP COI	DE .
152 Terraza Ct	Costa Mesa	211 001	52
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME	Costa Mesa	CA 92627 DISTRICT NUMBER, if applicable.	NON-PARTISAN
City Council Member City of Costa!	Maga.	- "	PARTY:
OFFICE JURISDICTION State (Complete Parl 2.) City County Multi-County:	(Name of Multi County Jurisdiction)	District 3 2018 (Year of Election)	FAN().
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 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.			
	Committee Commit		
(Mark if applicable) On/			
3. Verification:			
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
Executed on06 / 05 / 2 017			