

# Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

Date Stamp

**CALIFORNIA**  
**FORM 501**

For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Reynolds, Arlis

DAYTIME TELEPHONE NUMBER

( 949 ) 394-4404

FAX NUMBER (optional)

( )

E-MAIL (optional)

arlis4costamesa@gmail.com

STREET ADDRESS

2044 Continental Avenue

CITY

Costa Mesa

STATE

CA

ZIP CODE

92627

OFFICE SOUGHT (POSITION TITLE)

City Council Member

AGENCY NAME

City of Costa Mesa

DISTRICT NUMBER, if applicable.

District 5

☒ NON-PARTISAN

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: \_\_\_\_\_

(Name of Multi County Jurisdiction)

2018

(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 Jan 5, 2018  
(month, day, year)

Signature \_\_\_\_\_

(Candidate)