

Candidate Intention Statement

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

18 APR 27 PM 12: 28

CITY OF COSTA MESA  
BY \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional)  
Trahan Rebecca L ( 949 ) 295-5260 ( )  
STREET ADDRESS CITY STATE ZIP CODE  
327 W Wilson #20 Costa Mesa CA 92627  
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable.  NON-PARTISAN  
City Council Member 5 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.)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Primary/general election \_\_\_\_\_ Special/runoff election  
(Year of 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 4/27/18 (month, day, year) Signature \_\_\_\_\_ (Candidate)