

Candidate Intention Statement

Check One: ☐ Initial ☐ Amendment (Explain) _____

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CITY OF COSTA MESA
BY BG

CALIFORNIA
FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E-MAIL (optional)

Michelle Figueredo-Wilson

(949) 220-3863

(949) 335-9775

Michelle@votemichelle.net

STREET ADDRESS

CITY

STATE

ZIP CODE

797 Center St
OFFICE SOUGHT (POSITION TITLE)

Costa Mesa
AGENCY NAME

CA
DISTRICT NUMBER, if applicable.

92627
☒ NON-PARTISAN

City Council Member
OFFICE JURISDICTION

Costa Mesa

4
PARTY:

☐ 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 July 16, 2018
(month, day, year)

Signature [Redacted]
(Candidate)