

Candidate Intention Statement

RECEIVED
Date Stamp
CITY CLERK
22 AUG 11 PM 1:52
CITY OF COSTA MESA
BY

CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)
ANDREA MARR, ANDREA (443) 254-8258 () andreamarr@gmail.com
STREET ADDRESS CITY STATE ZIP CODE
COSTA MESA CITY COUNCIL DISTRICT 3 [REDACTED]
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE
OFFICE JURISDICTION (Check one box, if applicable.)
 State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction)
PARTY PREFERENCE:
 PRIMARY / GENERAL SPECIAL / RUNOFF
2022 (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.)

(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 Aug 7, 2022
(month, day, year)

Signature [REDACTED]
(Candidate)