Candidate Intention Statement		Pata-Stamp CALIFORNIA 501
Check One: ☑ Initial ☐ Amendment (Explain)		CITY CLER FORM SUI For Official Use Only 16 MAR 11 PM 2: 49
1. Candidate Information:		CITY OF COSTA MESA
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) E-MAL (optional)
Jay Humphrey	(714) 287-0558	(714) 751-6552 jvhumphrey@att.net
STREET ADDRESS	CITY	STATE ZIP CODE
1620 Sandalwood St.	Costa Mesa	CA 92626
OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME		DISTRICT NUMBER, if applicable. NON-PARTISAN
City Council Member Costa Mesa OFFICE JURISDICTION		PARTY:
State (Complete Part 2.)		
☑ City ☐ County ☐ Multi-County:		2016
Za oity County Multi-County.	(Name of Multi-County Jurisdiction)	(Year of Election)
(Check one box)  ☐ I accept the voluntary expenditure ceiling for the election ☐ I do not accept the voluntary expenditure ceiling for the Amendment:	election stated above.	_// and I accept the voluntary expenditure ceiling for
(Mark if applicable)  On/, I contributed personal funds in exc	cess of the expenditure ceiling for the	ne election stated above.
3. Verification:		
Executed on Markey 4 3-016, Signature (month, day, Vear)		ing is true and correct.  FPPC Form 501 (Jan/2016  FPPC Advice: advice@fppc.ca.gov (866/275-3772

www.fppc.ca.gov