

Candidate Intention Statement

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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) MELONE, AL DAYTIME TELEPHONE NUMBER (714) 751-4580 FAX NUMBER (optional) (714) 435-1792 E-MAIL (optional) bigal2040@gmail.com

STREET ADDRESS 2973 Harbor Blvd. #200 CITY COSTA MESA STATE CA ZIP CODE 92626

OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL AGENCY NAME COSTA MESA DISTRICT NUMBER, if applicable. _____ NON-PARTISAN

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County: COSTA MESA (Name of Multi-County Jurisdiction) Year of Election 2016

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 8-12-16 Signature _____
(month, day, year) (Candidate)