

Candidate Intention Statement

Date Stamp RECEIVED CITY CLERK CALIFORNIA FORM 501 For Official Use Only 20 AUG -7 PM 1:31

Check One: [X] Initial [] Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DON HARPER DAYTIME TELEPHONE NUMBER (714) 863-3574 FAX NUMBER (optional) EMAIL (optional) STREET ADDRESS 3061 CAPRI LANE COSTA MESA CITY CA ZIP CODE 92626 OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL DISTRICT 1 CITY OF COSTA MESA AGENCY NAME DISTRICT NUMBER, if applicable. 1 [X] NON-PARTISAN OFFICE OFFICE JURISDICTION [] State (Complete Part 2.) [X] City [] County [] Multi-County: (Name of Multi-County Jurisdiction) PARTY PREFERENCE: (Check one box, if applicable.) [] PRIMARY / GENERAL [] SPECIAL / RUNOFF (Year of Election) 2020

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 8/7/2020 (month, day, year) Signature _____ (Candidate)