

# 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) Chavez, Manuel	DAYTIME TELEPHONE NUMBER ( 949 ) 274-2305	FAX NUMBER (optional) ( )	EMAIL (optional) chave4costamesa@gmail.com
STREET ADDRESS [REDACTED]	CITY Costa Mesa	STATE CA	ZIP CODE 92627
OFFICE SOUGHT (POSITION TITLE) City Council Member	AGENCY NAME City of Costa Mesa	DISTRICT NUMBER, if applicable. 4	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)			(Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 X 09/10/2021  
 (month, day, year)

Signature X [REDACTED]  
 (Candidate)