Candidate Intention Statement	Date Stamp	CALIFORNIA 501
Check One: Amendment (Explain)	DANA POINT	For Official Use Only
2018 MAY	-I A II: 51	4
1. Candidate Information:		
NAME OF CANDIDATE (Last, First, Middle Initial) Muller Joseph L STREET ADDRESS DAYTIME TELEPHONE NUMBER OF CANDIDATE (Last, First, Middle Initial) OCITY	ECEIVED UMBER @ PARTMENT E-MAIL) STATE ZIP CO	
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME City Council Member Dona Point	DISTRICT NUMBER, if applicable.	NON-PARTISAN PARTY:
State (Complete Part 2.) City County Multi-County: (Name of Multi-County Jurisdiction)	2018 (Year of Election)	
2018 (Year of Election) Primary/general 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:		
O I did not exceed the expenditure ceiling in the primary or special election held on:/	and I accept the volur	tary expenditure ceiling for
(Mark if applicable) On/, I contributed personal funds in excess of the expenditure ceiling for the election	n stated above.	
3. Verification:		
I certify under penalty of perjury under the laws of the State of California that the foregoing is tru	e and correct.	
Executed on	FPPC	FPPC Form 501 (Jan/2016 Advice: advice@fppc.ca.gov (866/275-3772

Clear Form

Print Form

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