

# Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) \_\_\_\_\_

Date Stamp	CALIFORNIA FORM 501
	For Official Use Only
	CITY OF DANA POINT
	2018 AUG -6 A 10:34

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
McGinn, Mark		( )	
STREET ADDRESS	CITY	STATE	ZIP CODE
	Dana Point	CA	92629
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN
City Council	City of Dana Point	2	PARTY:
OFFICE JURISDICTION			
<input type="checkbox"/> State (Complete Part 2.)			
<input checked="" type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> Multi-County: _____	2018
			(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.)

\_\_\_\_\_  
(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.

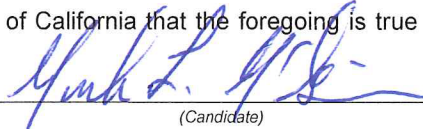
(Mark if applicable)

☐ 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 8/13/2018  
(month, day, year)

Signature   
(Candidate)