· Stager			CANDIDATE INTENTION STATEMEN
Candidate Intention Statement	Type or Print in Ink.	Date Slamp	CALIFORNIA 501
Check One:		EIVED	For Official Use Only
		-3 A 11: 12	
1. Candidate Information:			·
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER CITY PAS A	LABEA (PIPALT E-MAIL	(optional)
33412 N Kislig, Dana T.	O.T.	07176	
IREE ADDRESS	СІТҮ	STATE ZIP CO	DE
DEFICE SOUGHT (POSITION TITLE) AGENCY NAME		DISTRICT NUMBER, if applicable.	NON-PARTISAN
CITY COUNCIL			PARTY:
OFFICE JURISDICTION			TACU.
State (Complete Part 2.)	DANA POINT	2010	
☑ City ☐ County ☐ Multi-County: ————————————————————————————————————	(Name of Multi-County Jurisdiction)	(Year of Election)	
(Year of Election) (Year of Election	Special/runoff election		
(Check one box)		N9	
☐ I accept the voluntary expenditure ceiling for the election	stated above.		
I do not accept the voluntary expenditure ceiling for the e	election stated above.		
 Amendment: I did not exceed the expenditure ceiling in the primary general or special run-off election. 	y or special election held on:/	_ and I accept the voluntar	ry expenditure ceiling for the
(Mark if applicable)			
On, I contributed personal funds in exc	ess of the expenditure ceiling for the election	n stated above.	
. Verification:			
I certify under penalty of perjury under the laws of the State	of California that the foregoing is true and	correct.	
Executed on OS/05/2010 (month, day, year)	Signature (Ca)didate)		