Candidate Intention Statement	Type or Print in Ink.	Date Stamp CALIFORNIA 501
Check One: ▼Initial □ Amendment (Exp		FORM FORM FORM
Check One:	ain)	- 2014 MAY 27 AM 9: 48
1. Candidate Information:		Unit (Ch
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) (E-MAIL (optional)
Muldoon, Kevin M.	(949) 383-6045	FAX NUMBER (optional) () E-MAIL (optional)
STREET ADDRESS	CITY	STATE ZIP CODE
OFFICE SOUGHT (POSITION TITLE) AGENCY N.	AME	DISTRICT NUMBER, if applicable.
-	ewport Beach	4 PARTY:
OFFICE JURISDICTION		
State (Complete Part 2.)		2014
☑ City ☐ County ☐ Multi-County:	(Name of Multi-County Jurisdiction)	(Year of Election)
(Check one box) I accept the voluntary expenditure ceiling for the ele I do not accept the voluntary expenditure ceiling fo Amendment:	r the election stated above.	and I accept the voluntary expenditure ceiling for
(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	g is true and correct.
May 23, 2014 Executed on	gnature	
(month, day, year)	(Candidate)	FPPC Form 501 (April/201: FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-377)

CANDIDATE INTENTION STATEMENT