

Candidate Intention Statement

Check One:

☒ Initial

☐ Amendment (Explain) _____

Date Stamp RECEIVED 2018 AUG 10 PM 3:01	CALIFORNIA FORM 501 For Official Use Only
--	---

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Mike Allen

DAYTIME TELEPHONE NUMBER

(949) 229 0096

FAX NUMBER (optional)

E-MAIL (optional)

mg@devion.com

STREET ADDRESS

CITY

Newport Bch

STATE

CA

ZIP CODE

92661

OFFICE SOUGHT (POSITION TITLE)

City Council

AGENCY NAME

Newport Bch

DISTRICT NUMBER, if applicable.

1

☒ NON-PARTISAN

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City

☐ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

(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

8/10/2018

(month, day, year)

Signature

[Signature]

(Candidate)

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov