Candidate Intention Statement

Check One: ❑ Initial ❑ Amendment (Explain) ________________________________

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) "Duffy"

DAYTIME TELEPHONE NUMBER 949-610-6811

E-MAIL (optional) 949

STREET ADDRESS ____________________________

CITY ____________________________ STATE ______ ZIP CODE ______

OFFICE SOUGHT (POSITION TITLE) City Council

AGENCY NAME ____________________________

DISTRICT NUMBER, if applicable 3

NON-PARTISAN ☑

PARTY: Republican ☐

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☑ City ☐ County ☐ Multi-County: (Name of Multi-County Jurisdiction)

2014 (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.)

☑ Primary/general election ☑ Special/runoff election

(Year of Election)

☐ 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: 11/6/12 and I accept the voluntary expenditure ceiling for the general or special run-off election.

☐ 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 5/22/2014

Signature ____________________________

(FPPC Form 501 (April/2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)