Candidate Intention Statement

Check One:  [X] Initial  [ ] Amendment (Explain) ____________________________

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial):
Muldoon, Kevin

DAYTIME TELEPHONE NUMBER:
( 949 ) 383-6045

AGENCY NAME:
City Council

OFFICE JURISDICTION
[X] City  [ ] County  [ ] Multi-County: ________________

STATE NUMBER, if applicable:
4

PARTY: [X] NON-PARTISAN

DISTRICT NUMBER, if applicable:

OFFICE SOUGHT (POSITION TITLE):

STREET ADDRESS

CITY

STATE

ZIP CODE

2. State Candidate Expenditure Limit Statement:

(CaPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

Primary/general 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 5/19/15  

Signature ____________________________ (Candidate)