Candidate Intention Statement	Type or Print in Ink.	PAGE Stamp	CALIFORNIA 501 FORM For Official Use Only
Check One: 🗵 Initial 🗌 Amendmen	t (Explain)	2015 JUN -5 AN 10: 20	
1. Candidate Information:		CERCE OF	
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	AX (NUMBER (optional) E-MAIL	. (optional)
Muldoon, Kevin	( 949 ) 383-6045	) )	
STREET ADDRESS	CITY	STATE ZIP CC	DDE
OFFICE SOUGHT (POSITION TITLE)  AGEI	NCY NAME	DISTRICT NUMBER, if applicable.	NON-PARTISAN
City Council City	of Newport Beach	4	PARTY:
OFFICE JURISDICTION  State (Complete Part 2.)			1
☑ City ☐ County ☐ Multi-County: ———	(Name of Multi-County Jurisdiction)	2018 (Year of Election)	
		( road of Zicoloff)	
(Check one box)  ☐ I accept the voluntary expenditure ceiling for the production of		/ and I <b>accept</b> the volunta	ry expenditure ceiling for the
(Mark if applicable)  On/, I contributed personal fu	unds in excess of the expenditure ceiling for the el	ection stated above.	*
3. Verification:	1	///	
I certify under penalty of perjury under the laws of	of the State of California that the foregoing is true	and correct	
Executed on	Signature (Candidate		
			FPPC Form 501 (January/05 elpline: 866/ASK-FPPC (866/275-3772

CANDIDATE INTENTION STATEMENT