

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT
CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

2014 JUL 14 A 8:47

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Beard, Kris C

DAYTIME TELEPHONE NUMBER

(714) 336-4602

FAX NUMBER (optional)

()

E-MAIL (optional)

beard499@gmail.com

STREET ADDRESS

5471 Cerulean Avenue

CITY

Garden Grove

STATE

CA

ZIP CODE

92845

OFFICE SOUGHT (POSITION TITLE)

Council member

AGENCY NAME

City of Garden Grove

DISTRICT NUMBER, if applicable.

CA 92845

NON-PARTISAN

PARTY:

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) (Year of 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 7/14/14
(month, day, year)

Signature Kris C. Beard
(Candidate)