

Candidate Intention Statement

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CITY OF GARDEN GROVE
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CALIFORNIA
FORM

501

For Official Use Only

Check One: Initial Amendment (Explain) _____

2017 MAR -7 PM 4:10

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional)
TAYLOR DONALD C (714) 583-3872 () donaldtaylor4mayor@gmail.com

STREET ADDRESS CITY STATE ZIP CODE

13952 Erin St Apt C Garden Grove CA 92844-2996

OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. NON-PARTISAN

MAYOR CITY OF GARDEN GROVE PARTY: Republican

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: _____ (Name of Multi-County Jurisdiction)

2018 (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 _____ Special/runoff 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.

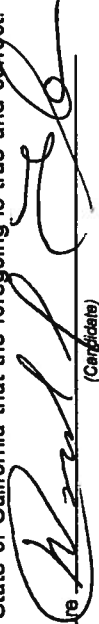
(Mark if applicable)

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 March 7, 2017 (month, day, year)

Signature:  (Candidate)