

**Candidate Intention Statement**

RECEIVED Date Stamp CITY OF GARDEN GROVE CITY CLERK'S OFFICE 2018 JUN 16 AM 9:1	<b>CALIFORNIA</b> <b>FORM</b> <b>501</b> For Official Use Only
---	---

Check One:  Initial  Amendment (Explain) \_\_\_\_\_  
 \_\_\_\_\_

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First, Middle Initial) <b>BUI PHAT T</b>	DAYTIME TELEPHONE NUMBER <b>(714) 713 4079</b>	FAX NUMBER (optional) <b>( )</b>	E-MAIL (optional) <b>PHAT@PHATBUI.COM</b>
STREET ADDRESS <b>CITY COUNCIL</b>	CITY <b>GARDEN GROVE CITY</b>	STATE <b>4</b>	ZIP CODE
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN
OFFICE JURISDICTION	PARTY:		
<input type="checkbox"/> State (Complete Part 2.)			
<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	(Name of Multi-County Jurisdiction)		(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**      \_\_\_\_\_  
 (Year of 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 July 16 2018 Signature [Signature]  
 (month, day, year) (Candidate)