

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Trish Kelley

DAYTIME TELEPHONE NUMBER

(949) 285-0309

FAX NUMBER (optional)

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EMAIL (optional)

trishkelley@cox.net

STREET ADDRESS

27525 Puerta Real, Suite 300-130

CITY

Mission Viejo

STATE

CA

ZIP CODE

92691

OFFICE SOUGHT (POSITION TITLE)

City Council Member

AGENCY NAME

City of Mission Viejo

DISTRICT NUMBER, if applicable, NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County:

(Name of Multi-County Jurisdiction)

PARTY PREFERENCE:

(Check one box, if applicable.)

PRIMARY / GENERAL

SPECIAL / RUNOFF

2020

(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.)

(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 September 13, 2019

(month, day, year)

Signature

Trish Kelley
(Candidate)

(Candidate)

