Candidate Intention Statement

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)  DAYTIME TELEPHONE NUMBER  FAX NUMBER (optional)  E-MAIL (optional)
Regan, Michael

STREET ADDRESS  CITY  STATE  ZIP CODE

OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME  DISTRICT NUMBER, if applicable.
City Council

City  County  Multi-County:  (Name of Multi-County Jurisdiction)

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

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 runoff election.

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 5/24/2018  Signature Michael Regan

(Candidate)

FPPC Form 501 (Jan/2016)  FPPC Advice: advice@fppc.ca.gov (866/275-3772)  www.fppc.ca.gov