

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One: [X] Initial [] Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Diane Harkey
DAYTIME TELEPHONE NUMBER 949-240-6959
FAX NUMBER (optional)
E-MAIL (optional)
STREET ADDRESS 76 Ritz Cove
CITY Monarch Beach
STATE CA ZIP CODE 92629
OFFICE SOUGHT (POSITION TITLE) State Assembly Person
AGENCY NAME State of California
DISTRICT NUMBER, if applicable 73
NON-PARTISAN []
PARTY: Republican
OFFICE JURISDICTION [X] State (Complete Part 2)
[] City [] County [] Multi-County: _____
(Name of Jurisdiction) 2008 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

2008 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.

[X] 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 01/11/2007 (month, day, year)

Signature [Handwritten Signature] (Candidate)

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