

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

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CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Alkire Gloria J. DAYTIME TELEPHONE NUMBER (949) 65 645-0801 FAX NUMBER (optional) _____ E-MAIL (optional) _____

STREET ADDRESS 14 Barlovento Court Newport Beach, CA. 92663 CITY _____ STATE _____ ZIP CODE _____

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME _____ DISTRICT NUMBER, if applicable. 2 NON-PARTISAN PARTY: _____

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: Newport Beach 2008
(Name of Multi-County Jurisdiction) (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.)

(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 8-4-08 Signature Gloria J. Alkire
(month, day, year) (Candidate)