

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Check One: [x] Initial [] Amendment (Explain)

RECEIVED

Date Stamp

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OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH FAX NUMBER (optional) E-MAIL (optional)

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Keith Curry

DAYTIME TELEPHONE NUMBER

949-644-0800

STREET ADDRESS

40 Vienna

CITY

Newport Beach

STATE

CA

ZIP CODE

92660

OFFICE SOUGHT (POSITION TITLE)

City Council Member

AGENCY NAME

DISTRICT NUMBER, if applicable.

7

[x] NON-PARTISAN

PARTY:

OFFICE JURISDICTION

[] State (Complete Part 2.)

[x] City

[] County

[] Multi-County:

Newport Beach

(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.)

(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 2/16/07 (month, day, year)

Signature [Signature] (Candidate)