

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp RECEIVED	CALIFORNIA FORM 501
	For Official Use Only
04 AUG 18 AM 11:19	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) EMMONS CATHERINE DAYTIME TELEPHONE NUMBER (949) 631-6446 OFFICE OF THE CITY CLERK
 CITY OF NEWPORT BEACH
 FAX NUMBER (optional) (949) 631-6444 hangcrate@courtside.net
 STREET ADDRESS 2516 Holly Lane, NEWPORT BEACH, CA 92663 CITY STATE ZIP CODE
 OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL MEMBER DIST. 2 CITY OF NEWPORT BEACH AGENCY NAME BEACH TWO DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY:
 OFFICE JURISDICTION
 State (Complete Part 2)
 City County Multi-County: _____ (Name of Jurisdiction) 2004 (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 8/18/04
(month, day, year)

Signature Catherine Emons
(Candidate)