

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp RECEIVED '06 MAR -3 A9:53	CALIFORNIA FORM 501
	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) HESS HENN, MICHAEL F.		DAYTIME TELEPHONE NUMBER (818) 929-2006	FAX NUMBER (optional) (949) 723-4087	OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH E-MAIL (optional) MFHENN@VERIZON.NET
STREET ADDRESS 1004 WEST OCEANFRONT		CITY NEWPORT BEACH	STATE CA	ZIP CODE 92661
OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL	AGENCY NAME CITY OF NEWPORT BEACH	DISTRICT NUMBER, if applicable. 1	<input type="checkbox"/> NON-PARTISAN PARTY: REPUBLICAN	
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ <small>(Name of Multi-County Jurisdiction)</small>		2006 <small>(Year of Election)</small>		

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.

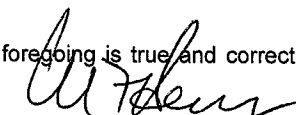
(Mark if applicable)

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 3/3/06
(month, day, year)

Signature 
(Candidate)