

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

MARTIN, BRENDA

DAYTIME TELEPHONE NUMBER

(714) 544-0666

FAX NUMBER (optional)

949 675-5075

E-MAIL (optional)

brenog@pacbell.net

STREET ADDRESS

Council person

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

Council Person

AGENCY NAME

City of Newport Beach

DISTRICT NUMBER, if applicable.

1

NON-PARTISAN

PARTY:

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County:

(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.)

2006 Primary/general election (Year of Election)

Special/runoff election (Year of 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 8-11-06 (month, day, year)

Signature Brenda Martin (Candidate)