

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

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1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

DAYTIME TELEPHONE NUMBER

OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH

Dolores A Otting

(949) 759 3086

STREET ADDRESS

CITY

STATE

ZIP CODE

17 Hillsborough

Newport Beach

CA

92660

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN

City Council CANDIDATE

#7

PARTY:

OFFICE JURISDICTION

State (Complete Part 2.)

City

County

Multi-County:

City of N.B. Orange County, Ca. 2004

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

Primary/general 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 4 Aug 2004

Signature Dolores A. Otting

10 Aug 2004

Dolores A. Otting

FPPC Form 501 (Jan/03) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772