

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

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

1. Candidate Information:

NAME OF CANDIDATE: Otting Dolores A. DAYTIME TELEPHONE NUMBER: (949) 759 3086 FAX NUMBER: ( ) E-MAIL: (optional) STREET ADDRESS: 17 Hillsborough CITY: Newport Beach STATE: CA. ZIP CODE: 92660 OFFICE SOUGHT: Newport Beach City Council AGENCY NAME: Newport Beach City Council DISTRICT NUMBER: #7 NON-PARTISAN: [X] PARTY: OFFICE JURISDICTION: [X] City [ ] County [ ] Multi-County: (Name of Multi-County Jurisdiction) (Year of Election): 2006

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 (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 8-11-2006 (month, day, year)

Signature Dolores A. Otting (Candidate)

RECEIVED 2006 AUG 11 PM 1:47 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH