

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

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CITY CLERK
CITY OF NEWPORT BEACH

CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Otting, Dolores A DAYTIME TELEPHONE NUMBER (949) 759 3086 FAX NUMBER (optional) () E-MAIL (optional) _____

STREET ADDRESS 17 Hillsborough CITY Newport Beach STATE CA ZIP CODE 92660

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME Newport Beach DISTRICT NUMBER, if applicable. 7 NON-PARTISAN PARTY: _____

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2008 (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.)

____ 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 14 May 08
(month, day, year)

Signature Dolores A. Otting
(Candidate)