

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) SCHOONMAKER ROBERT DAYTIME TELEPHONE NUMBER (949) 644-7731 FAX NUMBER (optional) _____ E-MAIL (optional) EDSCHOONMAKER@SBCGLOBAL.NET

STREET ADDRESS 19 CANYON ISLAND DRIVE CITY NEWPORT BEACH STATE CA ZIP CODE 92660

OFFICE SOUGHT (POSITION TITLE) COUNCIL MEMBER AGENCY NAME _____ DISTRICT NUMBER, if applicable. 5 NON-PARTISAN PARTY: _____

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: Newport Beach (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.)

(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 8-4-06
(month, day, year)

Signature Robert Schoonmaker
(Candidate)