

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

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CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

DAYTIME TELEPHONE NUMBER

OFFICE OF THE CITY CLERK
CITY OF NEWPORT BEACH
FAX NUMBER (optional)

E-MAIL (optional)

Edward D Selich

(949) 723-6383

STREET ADDRESS

CITY

STATE

ZIP CODE

627 Bayside Drive

Newport Beach

Ca

92660

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN

Council Member 5th District

City of Newport Beach

5

PARTY:

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County: _____

(Name of Multi-County Jurisdiction)

2005

(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.)

(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 September 6, 2006
(month, day, year)

Signature _____

Edward D Selich
(Candidate)