

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One:

Initial

Amendment (Explain) _____

RECEIVED

Date Stamp

'06 MAR -1 P 4 :01

CALIFORNIA FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Barbara Venezia -Tkaczyk

DAYTIME TELEPHONE NUMBER

(949) 851 3922

FAX NUMBER (optional)

(949) 833

E-MAIL (optional)

2624

STREET ADDRESS

20301 SW Cypress St.

CITY

Newport Beach

STATE

Ca

ZIP CODE

92660

OFFICE SOUGHT (POSITION TITLE)

Newport Beach City Council

AGENCY NAME

DISTRICT NUMBER, if applicable.

4

NON-PARTISAN

PARTY: Republican

OFFICE JURISDICTION

State (Complete Part 2.)

City

County

Multi-County: _____

(Name of Multi-County Jurisdiction)

2006
(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

2/28/06
(month, day, year)

Signature

Barbara Venezia
(Candidate)