Candidate Intention Statemen	4	CANDIDATE INTENTION STATEMENT
	Type or Print in Ink.	PECEIVED CALIFORNIA 501 For Official Use Only 2)13 MAY -2 AM 11: 42
1. Candidate Information:		
NAME OF CANDIDATE (Last, First, Middle Initial)	DAVIME TELEPHONE MUMBER	TIS COY CLERK
Toerge, Michael, Lee	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) E-MAIL (optional)
STREET ADDRESS	(949) 675-9312	() strataland@earthlink.net
		<u> </u>
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRIC NUMBER, if applicable.
City Council Member	City of Newport Beach	
OFFICE JURISDICTION		PARTY:
State (Complete Part 2.)		
☑ City ☐ County ☐ Multi-County:	(Name of Multi-County Jurisdiction)	(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:		
O 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)	1 to \$ 1 to 2	
	rsonal funds in excess of the expenditure ceiling for	r the election stated above.
3. Verification:		
I certify under penalty of perjury under	the laws of the State of California that the fore	going is true and correct.
Executed on May 2, 2013	Signature	
(month, day, year)	(Candidate)	FPPC Form 501 (April/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)