

# Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

**CALIFORNIA FORM 501**

For Official Use Only

Date Stamp  
RAD  
12/6/13 @  
2:11 PM  
[Signature]

Check One:  Initial  Amendment (Explain) \_\_\_\_\_  
\_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Dixon, Diane		DAYTIME TELEPHONE NUMBER 949-287-9211	FAX NUMBER (optional)	E-MAIL (optional)
STREET ADDRESS [Redacted]		CITY [Redacted]	STATE	ZIP CODE [Redacted]
OFFICE SOUGHT (POSITION TITLE) City Council Member	AGENCY NAME	DISTRICT NUMBER, if applicable. 1	<input type="checkbox"/> NON-PARTISAN PARTY:	
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: Newport Beach		2014 (Year of Election)		

## 2. State Candidate Expenditure Limit Statement:

(CalPERS and CALSTRS 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 12.4.13  
(month, day, year)

Signature [Signature]  
(Candidate)