

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Check One: [X] Initial [] Amendment (Explain)

RECEIVED

Date Stamp

2015 MAR 31 PM 12: 28

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Toerge, Michael, L. DAYTIME TELEPHONE NUMBER (949) 675-9312 FAX NUMBER (optional) CITY OF NEWPORT BEACH E-MAIL (optional) strataland@earthlink.net STREET ADDRESS OFFICE SOUGHT (POSITION TITLE) City Council Member AGENCY NAME City of Newport Beach DISTRICT NUMBER, if applicable. 6 [X] NON-PARTISAN OFFICE JURISDICTION [] State (Complete Part 2.) [X] City [] County [] Multi-County: (Name of Multi-County Jurisdiction) 2018 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not 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 3/31/2015 (month, day, year)

Signature [Handwritten Signature] (Candidate)