

# Candidate Intention Statement

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

Date Stamp <b>RECEIVED</b> 2018 MAR -2 AM 11:20	<b>CALIFORNIA FORM 501</b> For Official Use Only
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## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Stoaks, Timothy, B

DAYTIME TELEPHONE NUMBER

( 714 ) 655-7499

FAX NUMBER (optional)

( )

EMAIL (optional)

timstoaks@sbcglobal.net

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

City Council

AGENCY NAME

Newport Beach

DISTRICT NUMBER, if applicable.

3

☒ NON-PARTISAN

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ 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)

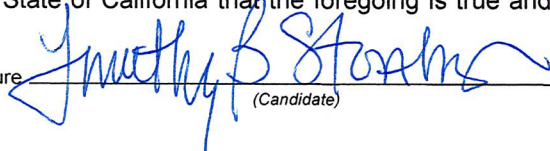
☐ On \_\_\_\_/\_\_\_\_/\_\_\_\_, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

## 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 02/28/2018  
(month, day, year)

Signature

  
(Candidate)