

**Candidate Intention Statement**

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

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

Date Stamp: **RECEIVED**  
 2015 OCT 29 AM 9:00  
**CALIFORNIA FORM 501**  
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 OFFICE OF THE CLERK  
 CITY OF NEWPORT BEACH

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional)  
 O'Neill, William ( 949 ) 416-9313 ( ) oneill4newport@gmail.com  
 STREET ADDRESS CITY STATE ZIP CODE  
 OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable.  NON-PARTISAN  
 City Council Member Newport Beach District 7 PARTY:  
 OFFICE JURISDICTION  
 State (Complete Part 2.)  
 City  County  Multi-County: \_\_\_\_\_ 2016  
 (Name of Multi County Jurisdiction) (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.)

\_\_\_\_ 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 10/21/2015  
 (month, day, year)

Signature William C O'Neill  
 (Candidate)