

Candidate Intention Statement

Type or Print in Ink.

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

1. Candidate Information:

NAME OF CANDIDATE: O'Neill, William; DAYTIME TELEPHONE NUMBER: (949) 416-9313; FAX NUMBER: ( ); E-MAIL: oneill14newport@gmail.com; OFFICE SOUGHT: City Council Member; AGENCY NAME: Newport Beach; DISTRICT NUMBER: District 7; PARTY: NON-PARTISAN; OFFICE JURISDICTION: [X] City

2. State Candidate Expenditure Limit Statement:

(CaIPERS 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 1/24/2017 (month, day, year)

Signature [Handwritten Signature] (Candidate)