

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

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

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1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) STAPLETON, JOSEPH, M
DAYTIME TELEPHONE NUMBER (949) 922-6304
FAX NUMBER (optional)
E-MAIL (optional) joems55@gmail.com
STREET ADDRESS
CITY STATE ZIP CODE
OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL MEMBER
AGENCY NAME CITY OF NEWPORT BEACH
DISTRICT NUMBER, if applicable. 1
NON-PARTISAN
OFFICE JURISDICTION
[] State (Complete Part 2.)
[X] City [] County [] Multi-County:

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 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 July 3, 2013 (month, day, year)

Signature [Handwritten Signature] (Candidate)