

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp RECEIVED 2017 MAY 19 AM 10: 51

CALIFORNIA FORM 501 For Official Use Only

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Avery, Brad DAYTIME TELEPHONE NUMBER (949) 472-0169 FAX NUMBER () E-MAIL (optional) brad@nbdistrict2.com STREET ADDRESS CITY STATE ZIP CODE OFFICE SOUGHT (POSITION TITLE) City Council Member AGENCY NAME City of Newport Beach DISTRICT NUMBER, if applicable. District 2 [X] NON-PARTISAN OFFICE JURISDICTION [] State [X] City [] County [] Multi-County: 2020 (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 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 05/12/2017 (month, day, year)

Signature (Candidate)

Handwritten signature in blue ink.