

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp	CALIFORNIA FORM 501
RECEIVED	For Official Use Only

Check One: Initial Amendment (Explain) _____

2017 JAN 17 PM 4:02

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Peotter, Scott	(949) 250-7118	()	scott@peotter.com
STREET ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	[REDACTED]	CA	92661
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN
City Council Member	City of Newport Beach	District 6	PARTY:
OFFICE JURISDICTION			
<input type="checkbox"/> State (Complete Part 2)			
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> 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)

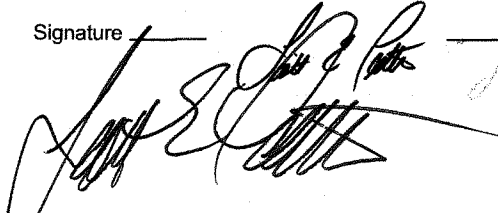
On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

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 01/16/2017
(month, day, year)

Signature _____



Digitally signed by Scott Peotter
 DN: cn=Scott Peotter, o, ou,
 email=scott@peotter.com, c=US
 Date: 2017.01.16 10:25:02 -08'00'

FPPC Form 501 (Jan/2016)
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)
 www.fppc.ca.gov