

# Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA  
FORM 501

For Official Use Only

Check One: ☒ Initial

☐ Amendment (Explain) \_\_\_\_\_

RECEIVED

2015 MAR 31 PM 12: 28

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Toerge, Michael, L.

DAYTIME TELEPHONE NUMBER

( 949 ) 675-9312

FAX NUMBER (optional)

CITY OF NEWPORT BEACH

E-MAIL (optional)

strataland@earthlink.net

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

City Council Member

AGENCY NAME

City of Newport Beach

DISTRICT NUMBER, if applicable.

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☒ NON-PARTISAN

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City

☐ County

☐ 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 3/31/2015  
(month, day, year)

Signature [Signature]  
(Candidate)