

# Candidate Intention Statement

Check One: ☐ Initial ☒ Amendment (Explain) Change of address

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CALIFORNIA FORM 501

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## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Toerge, Michael, L.

DAYTIME TELEPHONE NUMBER

(949) 675-9312

OFFICE OF THE CITY CLERK  
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.)

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)

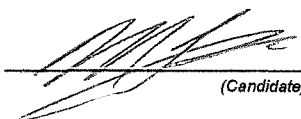
☐ On \_\_\_\_/\_\_\_\_/\_\_\_\_, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

## 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 3/16/2017  
(month, day, year)

Signature

  
(Candidate)

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