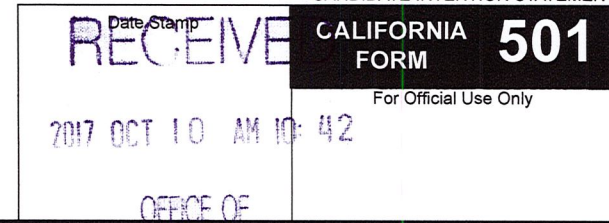


Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

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



1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Brenner, Clyda Joy
DAYTIME TELEPHONE NUMBER (949) 200-9993
FAX NUMBER (optional) ()
E-MAIL (optional) Joy@JoyForNewport.com
STREET ADDRESS 615 1/2 Marguerite Avenue
CITY Corona del Mar STATE CA ZIP CODE 92625
OFFICE SOUGHT (POSITION TITLE) City Council Representative
AGENCY NAME Newport Beach City Council
DISTRICT NUMBER, if applicable. 6
NON-PARTISAN [X]
OFFICE JURISDICTION [X] City [] County [] Multi-County: _____
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 10/9/2017 (month, day, year)

Signature Clyda Joy Brenner (Candidate)