Candidate Intention Statement

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle initial)
Dixon, Diane

DAYTIME TELEPHONE NUMBER
949-287-9211

FAX NUMBER (optional)

E-MAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)
City Council Member

AGENCY NAME

DISTRICT NUMBER, if applicable:
1

NON-PARTISAN

PARTY:

OFFICE JURISDICTION

[ ] State (Complete Part 2)

[X] City  [ ] County  [ ] Multi-County: Newport Beach  (Name of Jurisdiction)

2014 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CALSTRS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2)

☐ 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.

☐ 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 12/4/13

Signature

(Candidate)

FPPC Form 501 (April/2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)