

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

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

RECEIVED

Date Stamp

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 2524 Ocean Blvd. CITY Corona del Mar STATE CA ZIP CODE 92625 OFFICE SOUGHT (POSITION TITLE) City Council Member AGENCY NAME City of Newport Beach DISTRICT NUMBER, if applicable. 6 [X] NON-PARTISAN PARTY: OFFICE JURISDICTION [ ] State (Complete Part 2.) [X] 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 [Handwritten Signature] (Candidate)