

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

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 OFFICE OF
 THE CITY CLERK
 CITY OF NEWPORT BEACH
CALIFORNIA FORM 501
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE <i>(Last, First, Middle Initial)</i> Greer, Phillip Barry	DAYTIME TELEPHONE NUMBER (949) 584-9379	FAX NUMBER <i>(optional)</i> ()	EMAIL <i>(optional)</i> phil@philGreer2016.com
STREET ADDRESS 1300 Bristol Steet North, Suite 100	CITY Newport Beach	STATE CA	ZIP CODE 92660
OFFICE SOUGHT (POSITION TITLE) Newport Beach City Council	AGENCY NAME City of Newport Beach	DISTRICT NUMBER, <i>if applicable.</i> 07	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION			
<input type="checkbox"/> State <i>(Complete Part 2.)</i>			
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____			
			2016 <i>(Year of Election)</i>

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to 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.

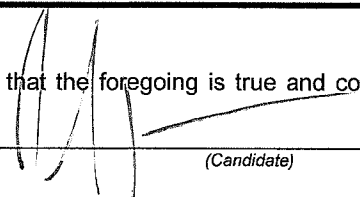
(Mark if applicable)

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 3/15/2016
(month, day, year)

Signature 
(Candidate)