Candidate Intention Statement				Date Stamp CALIFORNIA 501		
Check One: Initial	Amendment (Explain)		5 79%	RECEIVE	FORM For Official Use Only 12: 17	
1. Candidate Information:						
NAME OF CANDIDATE (Last, First, Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBE	B CON CLER		
Avery Brad		(714) 472-0169	/ \	CITY OF NEWPORT'S	L (optional)	
STREET ADDRESS		CITY		STATE ZIP C	ODE	
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	***************************************	DIST	RICT NUIVIDER, it applicable	NON-PARTISAN	
Councilman	.City of Newp	ort Beach		2	PARTY: Republican	
OFFICE JURISDICTION						
State (Complete Part 2.)				2016		
☑ City ☐ County ☐ Multi-	County:	(Name of Multi-County Jurisdiction)		(Year of Election)		
(Check one box) I accept the voluntary expendi	ture ceiling for the election s	stated above				
I do not accept the voluntary	-					
Amendment: O I did not exceed the expetthe general or special rule.		y or special election held on:		and I accept the volu	untary expenditure ceiling for	
(Mark if applicable)		to the second se				
	outed personal funds in exce	ess of the expenditure ceiling for	the election sta	ted above.		
3. Verification:						
I certify under penalty of perjur	y under the laws of the St	ate of California that the foreg	oing is true ar	d correct.		
Executed on July 7, 20	, Oignature	(Candidate)		Photos visit a second	FPPC Form 501 (Jan/20)	
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