

Candidate Intention Statement

RECEIVED Date Stamp 2016 AUG 12 PM 3:11 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Johnson, Max, H. DAYTIME TELEPHONE NUMBER (949) 330-3695 FAX NUMBER (optional) () E-MAIL (optional)

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OFFICE SOUGHT (POSITION TITLE) City Council Member / District 2 AGENCY NAME City of Newport Beach DISTRICT NUMBER, if applicable. 2 NON-PARTISAN PARTY:

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: Newport Beach (Name of Multi-County Jurisdiction) 2016 (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.)

2016 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.

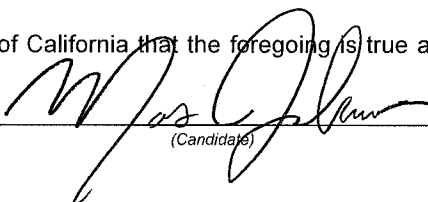
(Mark if applicable)

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 August 12, 2016 (month, day, year)

Signature  (Candidate)