

Candidate Intention Statement

Type or Print in Ink.

Date Stamp

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Check One:  Initial  Amendment (Explain)

RECEIVED APR 20 12:43

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

DAYTIME TELEPHONE NUMBER

OFFICE OF THE CITY CLERK  
FAX NUMBER (optional) TELEMAIL (optional)

Leslie Jane Daigle

(949) 233-4869

(949) 266-8561

STREET ADDRESS

CITY

STATE

ZIP CODE

2201 Vista Huerta, Newport Beach, CA 92660

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable

NON-PARTISAN

City Council

Newport Beach, CA

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PARTY: ~~Republican~~

OFFICE JURISDICTION

State (Complete Part 2.)

City  County  Multi-County:

Newport Beach

(Name of Multi-County Jurisdiction)

2006

(Year of Election)

2. State Candidate Expenditure Limit Statement:

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

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

4/18/2005  
(month, day, year)

Signature

Leslie Jane Daigle  
(Candidate)