Candidate Intention Statement

Check One:  X Initial  □ Amendment (Explain) __________________________

1. Candidate Information:
NAME OF CANDIDATE: O'Neill, William
DAYTIME TELEPHONE NUMBER: (949) 416-9313
FAX NUMBER (optional): ( )
E-MAIL (optional): oneill4newport@gmail.com
STREET ADDRESS
CITY
STATE
ZIP CODE
OFFICE SOUGHT (POSITION TITLE)
AGENCY NAME: Newport Beach
DISTRICT NUMBER, if applicable: District 7
PARTY: X NON-PARTISAN

OFFICE JURISDICTION
☐ State (Complete Part 2.)
X City  ☐ County  ☐ Multi-County: __________________________ (Name of Multi County Jurisdiction) 2020 (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.)

☐ 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.

☐ 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 1/24/2017 (month, day, year)
Signature ________________________ (Candidate)

www.netfile.com