Candidate Intention Statement

Check One:  ☒ Initial  ☐ Amendment  (Explain) __________________________

1. Candidate Information:
   NAME OF CANDIDATE  (Last, First, Middle Initial)
   Dixon, Diane
   DAYTIME TELEPHONE NUMBER
   949-287-9211
   STREET ADDRESS
   CITY
   STATE
   ZIP CODE
   OFFICE SOUGHT (POSITION TITLE)
   AGENCY NAME
   DISTRICT NUMBER, if applicable:
  Party:
   NON-PARTISAN
   OFFICE JURISDICTION
   ☐ State  (Complete Part 2)
   ☒ City  ☐ County  ☐ Multi-County: Newport Beach
   (Name of Jurisdiction)
   (Year of Election)

2. State Candidate Expenditure Limit Statement:
   (CalPERS and CALSTRS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

   □ Primary/general election  □ Special/runoff election

   (Year of Election)  (Year of Election)

   □ 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  01/27/2015  (month, day, year)
   Signature  ____________________________
   (Candidate)

   Diane Dixon

   FPPC Form 501 (April/2011)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (666/275-3772)

   www.netfile.com