Candidate Intention Statement

Check One: □ Initial □ Amendment (Explain) ____________________________________________

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)     DAYTIME TELEPHONE NUMBER     FAX NUMBER (optional)     EMAIL (optional)
Dixon Diane B.                                         (626) 6951160                              ( )                               dianebdixon@gmail.com

STREET ADDRESS                   CITY                      STATE                      ZIP CODE

OFFICE SOUGHT (POSITION TITLE)                          AGENCY NAME                          DISTRICT NUMBER, if applicable
City Council                                        City of Newport Beach                      1

OFFICE JURISDICTION
□ State (Complete Part 2.)
□ City     □ County     □ Multi-County: ____________________________ (Name of Multi-County Jurisdiction) 2014
            (Year of Election)

2. State Candidate Expenditure Limit Statement:

(Countersign for candidates, judges, judicial candidates, and candidates for local offices do not 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.

(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 November 5, 2013

(month, day, year)

Signature: Diane B. Dixon

(Candidate)