Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) ____________________________

CANDIDATE INTENTION STATEMENT

RECEIVED

2004 SEP 6 PM 2:59

EDWARD D SELICH

NAME OF CANDIDATE (Last, First, Middle Initial) ____________________________

DAYTIME TELEPHONE NUMBER (949) 723-6383

FAX NUMBER (optional) ____________________________

E-MAIL (optional) ____________________________

STREET ADDRESS ____________________________

CITY ____________________________

STATE ____________________________

ZIP CODE ____________________________

OFFICE SOUGHT (POSITION TITLE) ____________________________

AGENCY NAME ____________________________

DISTRICT NUMBER, if applicable. ☐ NON-PARTISAN ☒ 5

COUNCIL MEMBER 5th DISTRICT ____________________________

City of Newport Beach ____________________________

OFFICE JURISDICTION ☐ State (Complete Part 2.) ☒ City ☐ County ☐ Multi-County: ____________________________

(NAME OF MULTI-COUNTY JURISDICTION) ____________________________

2005 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CaPERS 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 ____________________________

(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 September 6, 2006 (month, day, year) ____________________________

Signature ____________________________

(Candidate)

FPPC Form 501 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)