

# Candidate Intention Statement

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CALIFORNIA  
FORM

501

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OFFICE OF  
THE CITY CLERK

CITY OF NEWPORT BEACH

Check One: ☒ Initial ☐ Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E-MAIL (optional)

JEFFREY M HERDMAN

(949) 675-3298

( )

herdman1@roadrunner.com

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE SOL

CITY COUNCIL

CITY OF NEWPORT BEACH

DISTRICT 5

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: \_\_\_\_\_

(Name of Multi-County Jurisdiction)

2020  
(Year of Election)

☒ NON-PARTISAN

PARTY:

## 2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

\_\_\_\_\_  
(Year of Election) Primary/general election

\_\_\_\_\_  
(Year of Election) Special/runoff 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

5/2/17

(month, day, year)

Signature

Jeffrey M. Herdman

(Candidate)

FPPC Form 501 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov