Candidate Intention Statement

Check One:  ☑ Initial  ☐ Amendment  (Explain)  

1. Candidate Information:

NAME OF CANDIDATE  (Last, First, Middle Initial)  
Stoaks, Timothy, B  

DAYTIME TELEPHONE NUMBER  FAX NUMBER (optional)  
(714) 655-7499  

timstoaks@sbcglobal.net  

STREET ADDRESS  CITY  STATE  ZIP CODE  

AGENCY NAME  DISTRICT NUMBER, if applicable  ☑ NON-PARTISAN PARTY:  
Newport Beach  3  

OFFICE SOUGHT (POSITION TITLE)  OFFICE JURISDICTION  
City Council  ☘ City  ☘ County  ☐ Multi-County:  
(Name of Multi-County Jurisdiction)  

☑ 2018  (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.)  

Primary/general election  Special/runoff 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 02/28/2018  

Signature  

FPPC Form 501 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov