

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

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OFFICE OF THE CITY CLERK
CITY OF NEWPORT BEACH

CALIFORNIA FORM 501

For Official Use Only

Check One: [x] 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) City Council Member
AGENCY NAME
DISTRICT NUMBER, if applicable. 1
NON-PARTISAN [x]
OFFICE JURISDICTION
[x] City [ ] County [ ] Multi-County: Newport Beach
2018 (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

(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 01/27/2015 (month, day, year)

Signature Diane Dixon (Candidate)

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