Candidate Intention Statement

Check One:  [ ] Initial  [ ] Amendment (Explain)  14 OCT 23  AM 10: 44

OFFICE OF THE CITY CLERK

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)  Horvath, Lindsey
DAYTIME TELEPHONE NUMBER  (323) 632-7530
FAX NUMBER (optional)  
E-MAIL (optional)  lindsey.p.horvath@gmail.com

STREET ADDRESS
551 N. Sweetzer Ave., #1
CITY  West Hollywood
STATE  CA
ZIP CODE  90048

OFFICE SOUGHT (POSITION TITLE)  City Councilmember
AGENCY NAME  City of West Hollywood
DISTRICT NUMBER, if applicable.  NON-PARTISAN

OFFICE JURISDICTION
[ ] State  [ ] City  [ ] County  [ ] Multi-County: City of West Hollywood

(Year of Election)  2015

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

[ ] 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:
O 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 runoff 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 10/10/14  [ ]

Signature  [ ]

(Candidate)