Form 501 (April 2021)

FPPC Toll-Free Helpline: 888-ASK-FPPC (888-275-3772)
FPPC Form 501 (April 2021)

I certify under penalty of perjury under the laws of the State of California that the information is true and correct.

Signature: ____________________________
(month, day, year): 3/6/12

3. Verification:

☐ I contributed personal funds in excess of the voluntary expenditure ceiling for the election stated above.

☐ I did not exceed the voluntary 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.

☐ I did not exceed the voluntary expenditure ceiling in the primary or special election held on: _______ and I accept the voluntary expenditure ceiling for the Statewide election.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

☐ I accept the voluntary expenditure ceiling for the election stated above.

(Check one box)

2. State Candidate Expenditure Limit Statement:

(name of candidate, office, and jurisdiction) 2013

City of West Hollywood

PARTY: City Council
DISTRICT NUMBER: 0

AGENCY NAME: 1013 Coral Dr.

AGENCY SOUGHT (POSITION TITLE): City Council

STATE: CA
CITY: West Hollywood
ZIP CODE: 90069

FAX NUMBER: (213) 848-0815

DAYTIME TELEPHONE NUMBER:

1. Candidate Information:

(For Official Use Only)

FORM 501

CALIFORNIA

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CALIFORNIA CANDIDATE INFORMATION STATEMENT

CANDIDATE INFORMATION STATEMENT

12 MAR 12 PM 3:30

Initial/Amendment Expiration

Type or Print in Ink