

Candidate Intention Statement

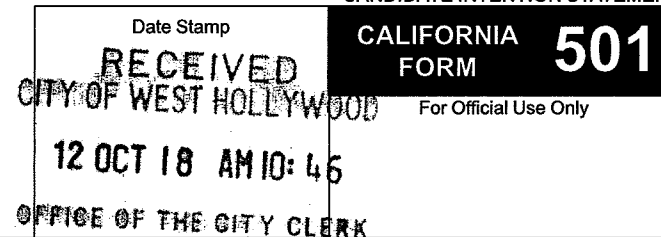
Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____



1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Borelli, Samuel	(323) 823-2274	()	
STREET ADDRESS	CITY	STATE	ZIP CODE
8530 Holloway Dr., #302	West Hollywood	CA	90069
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
City Councilmember	City of West Hollywood		
OFFICE JURISDICTION			
<input type="checkbox"/> State (Complete Part 2.)			
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	(Name of Multi-County Jurisdiction)	2013	(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to 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 10/17/12
(month, day, year)

Signature
(Candidate)

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One: [X] Initial [] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Borelli, Samuel
DAYTIME TELEPHONE NUMBER (323) 823-2274
FAX NUMBER (optional)
E-MAIL (optional)
STREET ADDRESS 8530 Holloway Dr., #302
CITY West Hollywood
STATE CA
ZIP CODE 90069
OFFICE SOUGHT (POSITION TITLE) City Councilmember
AGENCY NAME City of West Hollywood
DISTRICT NUMBER, if applicable.
NON-PARTISAN [X]
PARTY:
OFFICE JURISDICTION
[] State (Complete Part 2.)
[X] City [] County [] Multi-County:
2013 (Year of Election)

2. State Candidate Expenditure Limit Statement:

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

Primary/general election (Year of Election) Special/runoff election (Year of 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 10/17/12 (month, day, year)

Signature [Handwritten Signature] (Candidate)