

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

RECEIVED CITY OF WEST HOLLYWOOD 12 DEC -4 PM 2:17 OFFICE OF THE CITY CLERK

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Schukraft, Tristan DAYTIME TELEPHONE NUMBER (818) 231.0751 FAX NUMBER (optional) () E-MAIL (optional) tristan@tristan2013.com STREET ADDRESS 8581 Santa Monica Blvd., #225 CITY West Hollywood STATE CA ZIP CODE 90069 OFFICE SOUGHT (POSITION TITLE) Member Of The City Council AGENCY NAME West Hollywood DISTRICT NUMBER, if applicable. PARTY: [] NON-PARTISAN OFFICE JURISDICTION [] State [X] City [] County [] Multi-County: West Hollywood (Name of Multi-County Jurisdiction) 2013 (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

(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 November 20th 2012 (month, day, year)

Signature (Candidate)