

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: Initial Amendment (Explain) _____

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CITY OF WEST HOLLYWOOD
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CALIFORNIA FORM 501

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OFFICE OF THE CITY CLERK

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Block, Larry, S

DAYTIME TELEPHONE NUMBER

(310) 733-7388

FAX NUMBER (optional)

(424) 204-9136

E-MAIL (optional)

larryblock@hotmail.com

STREET ADDRESS

737 Huntley Drive

CITY

West Hollywood

STATE

CA

ZIP CODE

90069

OFFICE SOUGHT (POSITION TITLE)

City Council Member

AGENCY NAME

City of West Hollywood

DISTRICT NUMBER, if applicable.

NON-PARTISAN

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County: _____

(Name of Multi-County Jurisdiction)

2015

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CaIPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not 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 November 18, 2013

(month, day, year)

Signature

(Candidate)