Candidate Intention Statement

Check One: ☐ Initial ☐ Amendment (Explain) ____________________________

1. Candidate Information:

NAME OF CANDIDATE: ALLEN-DORFER, JOHN A
DAYTIME TELEPHONE NUMBER: (310) 657-1482
FAX NUMBER (optional): ________
E-MAIL (optional): ALLEN-DORFER@ATT.NET

STREET ADDRESS: 929 LARRABEE ST
AP-19
CITY: WEST HOLLYWOOD
STATE: CA
ZIP CODE: 90069

OFFICE SOUGHT (POSITION TITLE): CITY COUNCIL MEMBER

AGENCY NAME: DISTRICT NUMBER, if applicable: [ ] NON-PARTISAN [ ] NON-PARTISAN

OFFICE JURISDICTION
☒ State (Complete Part 2.)
☐ City ☐ County ☐ Multi-County: [ ] (Name of Multi-County Jurisdiction)
☐ [ ] (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTERS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

☐ Primary/general election ☐ Special/runoff election

[ ] (Year of Election) [ ] (Year of Election)

☐ 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 __________/_____/______ [ ] [ ]
(month, day, year) (Signature) (Candidate)

FPPC Form 501 (April/2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/725-3772)