Candidate Intention Statement

1. Candidate Information:

NAME OF CANDIDATE: FURMAGAN, BRIAN
DAYTIME TELEPHONE NUMBER: (323) 430-1491
FAX NUMBER (optional): ( )
E-MAIL (optional): WELOIS.FURMAGAN@GMAIL.COM

STREET ADDRESS: 8450 DELONGE AVE, #5, WEST HOLLYWOOD, CA 90069
OFFICE SOUGHT (POSITION TITLE): COUNCIL MEMBER, CITY OF WEST HOLLYWOOD
AGENCY NAME: CITY OF WEST HOLLYWOOD
DISTRICT NUMBER, if applicable: 2015
NON-PARTISAN PARTY: DEMOCRATIC

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:

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

☐ 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.

☐ 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 1/20/2015
Signature: ____________________________
(Candidate)