Candidate Intention Statement

Check One:  □ Initial  □ Amendment (Explain) ____________________________

1. Candidate Information:

NAME OF CANDIDATE  (Last, First, Middle Initial)
Shink, Heidi

DAYTIME TELEPHONE NUMBER  FAX NUMBER (optional)  E-MAIL (optional)
323-493-4934

STREET ADDRESS
1010 N Curson Ave. #110

CITY  STATE  ZIP CODE
West Hollywood  CA  90046

AGENCY NAME

OFFICE SOUGHT (POSITION TITLE)

City Council Member

OFFICE JURISDICTION

□ State (Complete Part 2)
□ City  □ County  □ Multi-County: West Hollywood (Name of Jurisdiction)

□ NON-PARTISAN

PARTY:

2. State Candidate Expenditure Limit Statement:

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

☐ Primary/general election  ☑ Special/runoff election  ☑

Year of Election
2015

☐ 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 __________ [month, day, year]

Signature __________________________ (Candidate)

FPPC Form 501 (April/2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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