

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT CALIFORNIA FORM 501 For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Clapsaddle, Joseph M. DAYTIME TELEPHONE NUMBER (562) 983-0815 FAX NUMBER () E-MAIL (optional) STREET ADDRESS 1013 Carol Dr. CITY West Hollywood STATE CA ZIP CODE 90069 OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME City of West Hollywood OFFICE JURISDICTION [] State (Complete Part 2.) [] City [] County [] Multi-County: (Name of Multi-County Jurisdiction) 2013 (Year of Election) [] NON-PARTISAN PARTY:

2. State Candidate Expenditure Limit Statement:

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

(Year of Election) Primary/general election (Year of 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 3/6/12 (month, day, year)

Signature (Candidate)