

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: Initial Amendment (Explain) _____

RECEIVED
CITY OF WEST HOLLYWOOD
12 DEC 12 AM 11:16
OFFICE OF THE CITY CLERK

Date Stamp

CALIFORNIA FORM 501
For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Garzilli, Nick DAYTIME TELEPHONE NUMBER (310) 729-6905 FAX NUMBER (optional) () E-MAIL (optional) nick@nickgarzilli.com

STREET ADDRESS Council member - 1134 Alta Loma Rd #205 CITY CA STATE CA ZIP CODE 90069

OFFICE SOUGHT (POSITION TITLE) The City of West Hollywood AGENCY NAME DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY:

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2013 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS 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)

(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 12/12/12 Signature [Signature]
(month, day, year) (Candidate)