

Candidate Intention Statement

Type or Print in Ink.

Date Stamp RECEIVED CITY OF WEST HOLLYWOOD 14 FEB 24 PM 1:30 OFFICE OF THE CITY CLERK	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) John D'Amico	DAYTIME TELEPHONE NUMBER (310) 498.5783	FAX NUMBER (optional) ()	E-MAIL (optional) ourweho@me.com
STREET ADDRESS 8623 Rugby Drive	CITY West Hollywood	STATE CA	ZIP CODE 90069
OFFICE SOUGHT (POSITION TITLE) Councilmember	AGENCY NAME City of West Hollywood	DISTRICT NUMBER, if applicable n/a	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		2015 (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.)

(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.

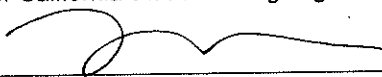
(Mark if applicable)

- 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 2/14/2014
(month, day, year)

Signature 
(Candidate)