Candidate Intention Statement Type or 5		CANDIDATE INTENTION STATEMENT
Type of t	Print in Ink.  Date Stamp  RECEIVE  CITY OF WEST BO	CALIFORNIA 501 FORM FOR Only
Check One: Initial Amendment (Explain)	13 NOV 12 Ph	1 4: 18
	OFFICE OF THE CL	TY CLEAK
1. Candidate Information:		
NAME OF CANDIDATE (Last, First, Middle Initial)  DAYTIME TELEPHO		AIL (optional)
FRITCH, MATTHEW J (310)722 STREET ADDRESS CITY	3411 ( ) ms	FRITCH & ACL. COM
STREET ADDRESS CITY	STATE ZIP	CODE
551 N KINGS RO #7 WEST HOLLYW	OD) CA	90048
_	The transfer of the state of th	ile. PTNON-PARTISAN
OFFICE JURISDICTION CITY OF WEST HA	LYW000	PARTY:
State (Complete Part 2.)	,	
City County Multi-County: WEST HOLYWOOD	) Jeff (Year of Election)	2015
(Name of Jurisdiction	(Year of Election)	
2. State Candidate Expenditure Limit Statement:	Voluntary Expenditure Ceilings:	
(Candidates for statewide office are not required to complete Part 2 until 11/6/02 CalPERS condidates	(Gov. Code Section 85400)	
judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)	Office	Primary or General or
(Year of Election) Primary/general election (Year of Election) Special/runoff election		Special Special Run-off
(Check one bax)	(Effective 1/1/01)	
☐ I accept the voluntary expenditure ceiling for the election stated above.	Assembly	\$400,000 \$700,000
☐ I do not accept the voluntary expenditure ceiling for the election stated	Senate	\$600,000 \$900,000
above.	(Effective 11/6/02)	
Amendment:	Board of Equalization	\$1,000,000 \$1,500,000
O I did not exceed the expenditure ceiling in the primary or special	Governor	\$6,000,000 \$10,000,000
election held on: and I accept the voluntary expenditure ceiling for the general or special run-off election.	Lieutenant Governor, Attorney General.	\$4,000,000 \$6,000,000
	Insurance Commissioner, Controller,	, , , , , , , , , , , , , , , , , , , ,
(Mark if applicable)	Secretary of State, Supt. of Public Instruction Treasurer	,
On, I contributed personal funds in excess of the expenditure ceiling for the election stated above.	neasulei	
experientifie ceaning 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 NOVEMBER 11, 201), Signature		
(month, day, year)	(Candidate)	

FPPC Form 501 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772