

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp RECEIVED 14 FEB 28 AM 2:14 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) SHINK, HEIDI	DAYTIME TELEPHONE NUMBER 323 493-4934	FAX NUMBER (optional)	E-MAIL (optional) heidishink@gmail.com
STREET ADDRESS 1010 N. Curson Ave. #110	CITY West Hollywood	STATE CA	ZIP CODE 90046
OFFICE SOUGHT (POSITION TITLE) City Council Member	AGENCY NAME	DISTRICT NUMBER, if applicable. 0	<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: <u>West Hollywood</u> (Name of Jurisdiction)			<u>2015</u> (Year of Election)

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.)

2015 Primary/general election (Year of Election) Special/runoff 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 2/25/14
(month, day, year)

Signature _____
(Candidate)