Candidate Intention Statement		Type or Print in Ink.	Date S	FORM 5U1
Check One: Initial	☐Amendment (Exp	olain)	THY OF WE	For Official Use Only
			13 NOV	4 FM 3- 40
1. Candidate Informati	on:		orries wi	THE CITY CLEBY
NAME OF CANDIDATE (Last, First, Middle Initial) Junkin, Lucas John		DAYTIME TELEPHONE NUMBER (213)703-5694	FAX NUMBER (optional)	E-MAIL (optional) lucasjunkin@aol.com
STREET ADDRESS 1030 Crescent Heights Blvd	L Ant 4	CITY West Hellywood	STATE	ZIP CODE
OFFICE SOUGHT (POSITION TITLE) AGENCY N		West Hollywood	CA	90046
City Council Member	AGENOTA	AVIL	DISTRICT NUMBER	R, if applicable. Non-partisan PARTY: Democratic
OFFICE JURISDICTION State (Complete Part 2.)				PARTY:
City County Multi-County:		(Name of Multi-County Jurisdiction) (Year of Election)		
(Mark if applicable) On/,	I contributed personal funds	in excess of the expenditure ceiling for the	ne election stated above.	
3. Verification:				The second secon
I certify under penalty o	perjury under the laws of	the State of California that the forego	ing is true and correct.	
_ Novem	ber 14, 2013			
Executed on	, day, year)	gnature(Candidate)		EDDO F FOR CO. WINDOW

CANDIDATE INTENTION STATEMENT