

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: Initial Amendment (Explain) _____

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CALIFORNIA FORM 501
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1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Mikel Eric Gerke DAYTIME TELEPHONE NUMBER (323) 356.6482 FAX NUMBER (optional) () E-MAIL (optional) mike@wehowe/ove.com
STREET ADDRESS 723 Westmount Drive #205 CITY West Hollywood STATE CA ZIP CODE 90069
OFFICE SOUGHT (POSITION TITLE) Council member AGENCY NAME West Hollywood DISTRICT NUMBER, if applicable. PARTY: Democrat
OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: West Hollywood (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 5/2/14 (month, day, year)

Signature [Signature] (Candidate)