

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: Initial Amendment (Explain) _____

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CALIFORNIA FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
ETTMAN, COLE		(323) 796-8226	()	cole.ettman@gmail.com
STREET ADDRESS		CITY	STATE	ZIP CODE
8787 Shoreham Drive		West Hollywood	CA	90069
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME		DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN
City Council Member				PARTY:
OFFICE JURISDICTION				
<input type="checkbox"/> State (Complete Part 2.)				
<input checked="" type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> 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.

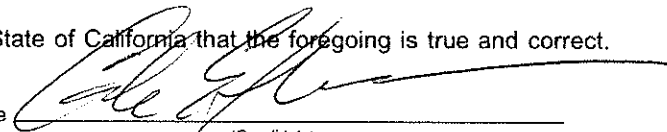
(Mark if applicable)

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 9/3/2014
(month, day, year)

Signature 
(Candidate)