

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Check One: [X] Initial [ ] Amendment (Explain)

RECEIVED CITY OF WEST HOLLYWOOD 14 DEC -9 AM 8:36 OFFICE OF THE CITY CLERK

1. Candidate Information:

NAME OF CANDIDATE: LANZAVALO, CHRISTOPHER T; DAYTIME TELEPHONE NUMBER: (805) 766-0607; FAX NUMBER: ( ); E-MAIL: CHRISTOPHER@LANZAVALO.COM; STREET ADDRESS: 1117 HAVELI WEST DR #204; CITY: WEST HOLLYWOOD; STATE: CA; ZIP CODE: 90046; OFFICE SOUGHT: CITY COUNCIL MEMBER; AGENCY NAME: CITY OF WEST HOLLYWOOD; DISTRICT NUMBER: ; PARTY: NON-PARTISAN; OFFICE JURISDICTION: [X] City [ ] County [ ] Multi-County; CITY OF WEST HOLLYWOOD; (Year of Election): 2015

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

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 12/08/14 (month, day, year)

Signature [Handwritten Signature] (Candidate)