

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: Initial Amendment (Explain) _____

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CITY OF WEST HOLLYWOOD
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CALIFORNIA FORM 501
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1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) ALLENDRFER, JOHN A. DAYTIME TELEPHONE NUMBER (310) 657-1482 FAX NUMBER (optional) () E-MAIL (optional) JALLENDRFER@ATT.NET

STREET ADDRESS 929 LARRABEE ST., APT. 19 CITY WEST HOLLYWOOD STATE CA ZIP CODE 90069

OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL MEMBER AGENCY NAME _____ DISTRICT NUMBER, if applicable. _____ NON-PARTISAN PARTY: _____

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: _____ (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 DEC 9, 2014
(month, day, year)

Signature John Alldorfer
(Candidate)