

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

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CITY OF WEST HOLLYWOOD
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CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) SCHUKRAFT, TRISTAN DAYTIME TELEPHONE NUMBER (818) 231-0751 FAX NUMBER (optional) () E-MAIL (optional) TRISTAN@TRISTAN2015.COM
STREET ADDRESS 7111 SANTA MONICA BLVD #522, WEST HOLLYWOOD CITY CA ZIP CODE 90069
OFFICE SOUGHT (POSITION TITLE) MEMBER OF THE CITY COUNCIL AGENCY NAME WEST HOLLYWOOD DISTRICT NUMBER, if applicable. PARTY: NON-PARTISAN
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 23 Dec 14
(month, day, year)

Signature _____
(Candidate)