Candidate Intention Statement	Turne on Bulas in 1-1-		CANDIDATE INTENTION STATEM
	Type or Print in Ink.	RECEIVE CITY OF WEST HOL	CALIFORNIA 501
Check One: X Initial Amendment	(Explain)	15 MAR -2 AM	′
		OFFICE OF THE CIT	Y CLERM
. Candidate Information:			
AME OF CANDIDATE (Last, First, Middle Initial) nink, Heidi	DAYTIME TELEPHONE NUMBER 323 493-4934	FAX NUMBER (optional)	E-MAIL (optional)
REET ADDRESS	CITY	CTATE	heidishink@gmail.com
210 N Curson Ave. #110		STATE	ZIP CODE
FIGE COLICULATION OF THE PROPERTY OF THE PROPE	West Hollywood	CA	90046
ty Council Member	- · · · · · · · -	DISTRICT NUMBER, ii	applicable. NON-PARTISAN
FICE JURISDICTION		0	PARTY:
State (Complete Part 2.)			
X City County Multi-County: West Ho	llvwood	2010	
Transfer Transfer Transfer To Transfer To Transfer To Transfer To Transfer	(Name of Jurisdiction)	2015 (Year of Ele	action)
(Check one box) 1 accept the voluntary expenditure ceiling for the	O 15 Speciallrunoff election election stated above.		
ido not accept the voluntary expenditure ceiling	for the election stated above		
Amendment: O I did not exceed the expenditure ceiling in the general or special run-off election.		and I accept t	the voluntary expenditure ceiling for
(Mark if applicable)	40		
On, I contributed personal fund	ts in excess of the expenditure ceiling for the	e election stated above.	
Verification:			
Certify under penalty of periun, under the love of	ho State of California Abanda a		
I certify under penalty of perjury under the laws of t	ne state of California that the foregoing is tr	We and correct	
Executed on 2 35 15	Signature		
(month, day, year)		lidate)	

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)