

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

Date Stamp RECEIVED CITY OF WEST HOLLYWOOD 15 JAN 27 PM 12:08 OFFICE OF THE CITY CLERK	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Ettman, Cole	DAYTIME TELEPHONE NUMBER (323) 7968226	FAX NUMBER (optional)	E-MAIL (optional)
STREET ADDRESS 8581 Santa Monica Blvd., #362	CITY West Hollywood	STATE CA	ZIP CODE 90069
OFFICE SOUGHT (POSITION TITLE) City Council Member	AGENCY NAME	DISTRICT NUMBER, if applicable. 0	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: <u>West Hollywood</u> <small>(Name of Jurisdiction)</small>		<u>2015</u> <small>(Year of Election)</small>	

2. State Candidate Expenditure Limit Statement:

(CalPERS and CALSTRS candidates, judges, judicial candidates, and candidates for local offices are not required to 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 01/22/2015
(month, day, year)

Signature [Signature]
(Candidate)