

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: Initial Amendment (Explain) _____

Date Stamp
RECEIVED
CITY OF WEST HOLLYWOOD
15 MAR 26 PM 6:00
OFFICE OF THE CITY CLERK

CALIFORNIA FORM 501
For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Block Larry DAYTIME TELEPHONE NUMBER (310) 733-7388 FAX NUMBER (optional) () - E-MAIL (optional) larryblock@putwesthollywoodfirst-wm.com

STREET ADDRESS 737 Huntley Drive CITY City of West Hollywood STATE CA ZIP CODE 90048

OFFICE SOUGHT (POSITION TITLE) City Councilmember AGENCY NAME City of West Hollywood DISTRICT NUMBER, if applicable _____ NON-PARTISAN PARTY: _____

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (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.)

_____/_____/_____ Primary/general election _____ Special/runoff election
(Year of 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 3/12/15
(month, day, year)

Signature [Signature]
(Candidate)