

# Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

Date Stamp  
**RECEIVED**  
 CITY OF WEST HOLLYWOOD  
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For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) TOPP, MARTIN R. DAYTIME TELEPHONE NUMBER (310) 271-1188 FAX NUMBER (optional) (310) 274-1011 E-MAIL (optional) EMARTOPPE@HOTMAIL.COM

STREET ADDRESS 9046 CYNTHIA STREET CITY WEST HOLLYWOOD STATE CA ZIP CODE 90069

OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL MEMBER 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) 2011 (Year of Election)

## 2. State Candidate Expenditure Limit Statement:

(CalPERS 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 8/25/10  
(month, day, year)

Signature Martin R. Topp  
(Candidate)