

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

Date Stamp
RECEIVED
CITY OF WEST HOLLYWOOD
10 DEC 10 AM 11:23

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Steve Martin DAYTIME TELEPHONE NUMBER (310) 551-2811 FAX NUMBER (optional) (310) 551-2811 E-MAIL (optional) smmartin@sbccgl.com

STREET ADDRESS 812 N. Houtley Dr. CITY West Hollywood STATE CA ZIP CODE 90069

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME 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) 2011

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** _____ **Special/runoff 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 12-9-10
(month, day, year)

Signature [Signature]
(Candidate)