

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT
CALIFORNIA FORM 501
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) **BROWNING RICHARD T** DAYTIME TELEPHONE NUMBER **(310) 530-7723** FAX NUMBER () **BROWNINGRT@AOL.COM**
 STREET ADDRESS **3240 CANDLEWOOD RD. TORRANCE CA** CITY **TORRANCE** STATE **CA** ZIP CODE **90505-7143**
 OFFICE SOUGHT (POSITION TITLE) **CITY COUNCIL MEMBER, CITY OF TORRANCE** DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY: _____
 OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: **LOS ANGELES** (Name of Multi-County Jurisdiction) **2010** (Year of Election)

CITY CLERK'S OFFICE

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

Primary/general election (Year of 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

Executed on 8-4-09 (month, day, year)

Signature _____