

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

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CITY OF TORRANCE CITY CLERK'S OFFICE

Check One:  Initial  Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Michael Griffiths
DAYTIME TELEPHONE NUMBER [REDACTED]
FAX NUMBER (optional) ( )
E-MAIL (optional)
STREET ADDRESS [REDACTED]
CITY Torrance STATE CA ZIP CODE 90505
OFFICE SOUGHT (POSITION TITLE) City Council Member
AGENCY NAME City of Torrance
DISTRICT NUMBER, if applicable. n/a
NON-PARTISAN
OFFICE JURISDICTION
State (Complete Part 2.)
City County Multi-County: City of Torrance
2016 (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

(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 03-18-2015 (month, day, year)

Signature