

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One:

Initial

Amendment (Explain) \_\_\_\_\_

Date Stamp

RECEIVED

2014 FEB 10 PM 12:37

CALIFORNIA FORM 501

For Official Use Only

ORIGINAL

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

SEGEL, NORMAN B.

DAYTIME TELEPHONE NUMBER

[REDACTED]

FAX NUMBER (optional)

( )

E-MAIL (optional)

STREET ADDRESS

COJSCIN MEMBER

CITY

CITY OF TORRANCE

STATE

CA

ZIP CODE

90505

OFFICE SOUGHT (POSITION TITLE)

[REDACTED]

AGENCY NAME

TORRANCE

DISTRICT NUMBER, if applicable

N/A

NON-PARTISAN

PARTY:

OFFICE JURISDICTION

State (Complete Part 2.)

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

2014  
(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

(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 that the foregoing is true and correct.

Executed on

2/10/14  
(month, day, year)

Signature

[REDACTED SIGNATURE]