

Candidate Intention Statement

Type or Print in Ink.

RECEIVED MAY 15 AM 11:29	<b>CALIFORNIA FORM 501</b>
	For Official Use Only

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Ashcraft, Heidi Ann DAYTIME TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER (optional) \_\_\_\_\_ E-MAIL (optional) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY City of Torrance STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME \_\_\_\_\_ DISTRICT NUMBER, if applicable. \_\_\_\_\_  NON-PARTISAN PARTY: \_\_\_\_\_

OFFICE JURISDICTION  
 State (Complete Part 2)  
 City  County  Multi-County: City of Torrance (Name of Jurisdiction) Year of Election 2014

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 May 15, 2013  
 (month, day, year)

Signature \_\_\_\_\_