Candidate Intention Statement

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Date Stamp
JAN 8 2010
City of Torrance
City Clerk's Office

CANDIDATE INTENTION STATEMENT
CALIFORNIA FORM 501
For Official Use Only
COPY

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
SUE HERBERS	(310) 618-2870	(310) 618-2931	Sherbers@earthlink.net

STREET ADDRESS	CITY	STATE	ZIP CODE
2264 W 230th ST	TORRANCE	CA	90501

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	☒ NON-PARTISAN
CITY CLERK	CITY OF TORRANCE		PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: CITY OF TORRANCE (Name of Multi-County Jurisdiction) 2010 (Year of Election)

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 Calif[redacted]

Executed on JANUARY 8, 2010 (month, day, year), Signa[redacted]