

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

Check One: Initial Amendment (Explain)

2014 FEB 19 AM 11:59

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

CITY OF TORRANCE CITY CLERK'S OFFICE

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle, Initial)

Mand, Ryan, H

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E-MAIL (optional)

STREET ADDRESS

Council Member

CITY

City of Torrance

STATE

CA

ZIP CODE

90503

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

Torrance

DISTRICT NUMBER, if applicable.

NON-PARTISAN

PARTY:

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County:

(Name of Jurisdiction)

2014

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CaIPERS candidates, judges, judicial candidates, and candidates for local offices are not required to 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

Executed on

February, 19, 2014

(month, day, year)

Signature