

**Candidate Intention Statement**

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

Date Stamp	<b>CALIFORNIA FORM 501</b> For Official Use Only
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16 AUG 10 PM 4:05	
CITY OF CARSON	

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First, Middle Initial) BRIMMER, Charlotte E. DAYTIME TELEPHONE NUMBER (30) 245-5256 FAX NUMBER (optional) \_\_\_\_\_ E-MAIL (optional) PPLS100@aol.com

STREET ADDRESS CARSON City Council CITY CARSON STATE CA ZIP CODE 90746

OFFICE SOUGHT (POSITION TITLE) 683 Loyola Avenue AGENCY NAME \_\_\_\_\_ DISTRICT NUMBER, if applicable.  NON-PARTISAN PARTY: Democrat

OFFICE JURISDICTION  State (Complete Part 2.)  City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) \_\_\_\_\_ (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.)

2016 (Year of Election)  Primary/general 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 August 10, 2016 (month, day, year) Signature Charlotte Brimmer (Candidate)