

Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

Date Stamp	CALIFORNIA FORM 501
RECEIVED CITY CLERK	For Official Use Only
16 MAR 22 PM 1:08	
CITY OF CARSON	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
HILTON, JAWANE	(310) 817-6679	()	cine@politicalreportingplus.com
STREET ADDRESS	CITY	STATE	ZIP CODE
111 N. La Brea Ave., Suite 408	Inglewood	CA	90301
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN
City Council Member	City of Carson		PARTY:
OFFICE JURISDICTION			
<input type="checkbox"/> State (Complete Part 2)			
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	(Name of Multi County Jurisdiction)	2016	(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CaIPERS and CaISTRS candidates, judges, judicial candidates, and candidates for local offices do not 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.

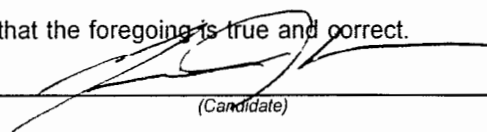
(Mark if applicable)

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 MAR 18 2016
(month, day, year)

Signature 
(Candidate)