CANDIDATE INTENTION STATEMENT

Candidate Intention Statement

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CITY OF CARSON

CALIFORNIA FORM **501**

For Official Use Only

Check One: ☐ Initial ☒ Amendment (Explain) Updated Information

1. Candidate Information:

NAME OF CANDIDATE *(Last, First, Middle Initial)*	DAYTIME TELEPHONE NUMBER	FAX NUMBER *(optional)*	E-MAIL *(optional)*
Murdock, Brandi	(310) 817-6679	(310) 672-6679	cine@politicalreportingplus.com

STREET ADDRESS	CITY	STATE	ZIP CODE
111 N. La Brea Ave., Suite 408	Inglewood	CA	90301-4604

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, *if applicable.*	☒ NON-PARTISAN
City Council Member	City of Carson		PARTY:

OFFICE JURISDICTION

☐ State *(Complete Part 2.)*

☒ City ☐ County ☐ Multi-County: _____ *(Name of Multi County Jurisdiction)* 2016 *(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.)

_____ *(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 09/07/16 *(month, day, year)*, Signature _____ *(Candidate)*