

Candidate Intention Statement

Date Stamp 2019 APR 23 PM 1:29	TORRANCE CALIFORNIA FORM 501
	For Official Use Only CITY CLERK'S OFFICE

Check One: Initial Amendment (Explain) Updated District Number

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DeBlock, Andrew H	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ()	EMAIL (optional)
STREET ADDRESS [REDACTED]	CITY Torrance	STATE CA	ZIP CODE 90505
OFFICE SOUGHT (POSITION TITLE) City Council Member	AGENCY NAME City of Torrance	DISTRICT NUMBER, if applicable District 6	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF
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)		2020 (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.)

(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 4/22/19
(month, day, year)

Signature [REDACTED]
(candidate)