

Candidate Intention Statement

Date Stamp: TORRANCE 2019 JAN 30 PM 4:54 CALIFORNIA FORM 501 For Official Use Only

Check One: [X] Initial [] Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE: Mike Griffiths; DAYTIME TELEPHONE NUMBER: [REDACTED]; FAX NUMBER: [REDACTED]; EMAIL: [REDACTED]; STREET ADDRESS: [REDACTED]; CITY: Torrance; STATE: CA; ZIP CODE: 90505; OFFICE SOUGHT: City Councilmember; AGENCY NAME: City of Torrance; DISTRICT NUMBER: 6; OFFICE JURISDICTION: [X] City; YEAR OF ELECTION: 2020; PARTY PREFERENCE: [X] PRIMARY / GENERAL

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 1/30/19 (month, day, year) Signature [REDACTED]