

Candidate Intention Statement

TORRANCE 2017 MAR -7 PM 5:13 CITY CLERK'S OFFICE	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <u>Goodrich, Timothy G.</u>		DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ()	E-MAIL (optional)
STREET ADDRESS <u>Councilmember</u>		CITY <u>City of Torrance</u>	STATE	ZIP CODE
OFFICE SOUGHT (POSITION TITLE) <u>City of Torrance</u>	AGENCY NAME <u>City of Torrance</u>	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN 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)				
				<u>2018</u> (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 March 07, 2017 Signature [REDACTED]
(month, day, year) (Candidate)