

# Candidate Intention Statement

Date Stamp	<b>CALIFORNIA FORM 501</b> For Official Use Only
<b>TORRANCE</b> 2017 JUL 24 PM 3:02 CITY CLERK'S OFFICE	

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Sutherland Bill	[REDACTED]	( ) -	[REDACTED]
STREET ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	Torrance	CA	90501
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN
Torrance City Council			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)	2018	(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.)

2018 Primary/general election (Year of Election)      \_\_\_\_\_ Special/runoff election (Year of 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 7-24-2017 Signature [REDACTED]  
(month, day, year) (Candidate)