

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Date Stamp RECEIVED CITY OF WEST HOLLYWOOD 11 SEP 21 AM 10:01

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Prang, Jeffrey DAYTIME TELEPHONE NUMBER (323) 854-8433 FAX NUMBER () E-MAIL (optional) STREET ADDRESS 7985 Santa Monica Blvd. #590 CITY West Hollywood STATE CA ZIP CODE 90046 OFFICE SOUGHT (POSITION TITLE) City Council Member AGENCY NAME West Hollywood DISTRICT NUMBER, if applicable. N.A. [X] NON-PARTISAN PARTY: OFFICE JURISDICTION [] State (Complete Part 2.) [X] City [] County [] Multi-County: (Name of Multi-County Jurisdiction) 2013 (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 9-19-11 (month, day, year)

Signature [Handwritten Signature] (Candidate)