

Candidate Intention Statement

Type or Print in Ink

CANDIDATE INTENTION STATEMENT

Check One: Initial Amendment (Explain) _____

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|---|---|
| Date Stamp RECEIVED 10 NOV 17 P7 05 CITY CLERK CITY OF PASADENA | CALIFORNIA FORM 501 For Official Use Only |
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1. Candidate Information:

| | | | |
|---|--|--|---|
| NAME OF CANDIDATE (Last, First, Middle Initial) SMITH, JAMES D. | DAYTIME TELEPHONE NUMBER [REDACTED] | FAX NUMBER (optional) () | E-MAIL (optional) [REDACTED] |
| STREET ADDRESS [REDACTED] | CITY PASADENA | STATE CA | ZIP CODE 91103 |
| OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL | AGENCY NAME | DISTRICT NUMBER, if applicable 1 | <input type="checkbox"/> NON-PARTISAN PARTY: DEM. |
| OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County _____ <small>(Name of Multi-County Jurisdiction)</small> | | 2011 <small>(Year of Election)</small> | |

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to 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 11/17/10
(month, day, year)

Signature: [Signature]
(Candidate)