Candidate Intention Statement

Type or Print in Ink.

	Date Stamp	CALIFORNIA FORM **501**
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	12 OCT 2 P4:48	

Check One: ☒ Initial ☐ Amendment (Explain) _____

CITY CLERK
CITY OF PASADENA

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Estrada, Israel	▇▇▇▇▇▇▇	( )	▇▇▇▇▇▇▇

STREET ADDRESS	CITY	STATE	ZIP CODE
▇▇▇▇▇▇	Pasadena	CA	91106

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	☒ NON-PARTISAN
Pasadena City Council		5	PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ 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.)

_____ ***Primary/general election***   _____ ***Special/runoff election***
(Year of 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 ___October 1, 2012___, Signature _____
           (month, day, year)   *(Candidate)*